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No. 1

THE WORKING OF COUNTY DANCE HALL ORDINANCES IN WISCONSIN *

FRANCIS H. HILLER

Field Secretary, National Probation Association

With the development of good roads and the almost universal use of the automobile, dance halls and roadhouses have sprung up all over the countryside out of the jurisdiction of cities and villages, presenting a new problem in their regulation. Wisconsin has adopted a unique method of meeting the situation. The Legislature of 1923, in response to popular interest in the matter, passed an act (Chapter 222, Laws of Wisconsin for 1923) enabling county boards of supervisors to enact ordinances for the licensing and regulation of dance halls and other places of amusement, and to appoint inspectors to have the powers of deputy sheriffs. Cities and villages regulating places of amusement by ordinances of their own are excepted from the application of the county ordinances.

In the course of the study of probation in Wisconsin made by the National Probation Association in coöperation with the American Social Hygiene Association, the University of

* These observations of the working of the County Dance Hall Ordinances in Wisconsin after two years of trial are taken from a study of probation in Wisconsin, made under the auspices of the National Probation Association, the American Social Hygiene Association, the University of Wisconsin, and the State Board of Control of Wisconsin.

Wisconsin and the State Board of Control of Wisconsin during July, August and September of 1925, inquiries were made in 13 counties as to the working of the county dance hall regulation. The ordinances were studied, interviews were had with dance hall inspectors, sheriffs, district attorneys, county supervisors, county clerks and other officials and with representatives of civic organizations and other citizens interested in the enforcement of the law. Many dance halls and road houses were visited while dances were being held; proprietors were interviewed and conditions observed. Opinions were sought as to whether the ordinances had improved conditions and in what respects the regulation could be made more effective.

The counties studied were Brown, Columbia, Dane, Douglas, Fond du Lac, Iron, Jefferson, Kenosha, La Crosse, Milwaukee, Racine, Waukesha and Winnebago. The boards of supervisors in all of these counties adopted ordinances following more or less completely the provision of the state enabling act. In eight of the counties ordinances went into effect by January 1, 1924, and in the others by the early spring of 1925. Eight of them provide for annual licenses of public dance halls, six of these requiring also permits for each public dance, and the other five requiring such permits but no annual licenses. The fees for annual licenses range from \$10 to \$25 and for each dance from \$1 to \$10. In counties where permits for each public dance are required no public dance may be held except in the presence and under the supervision of a county dance inspector.

The regulations as to the conduct of dances include requirements that they be closed by a certain hour, usually 1 A.M. (2 A.M. in Iron County, a later closing hour on nights before holidays in a few counties and an earlier closing hour on Saturday night in several counties); that minors under 16 years of age (17 years in Kenosha County) shall be excluded unless accompanied by parents or guardians; that dance halls be well lighted; that the use or possession of intoxicating

liquor by persons attending dances shall not be permitted; that intoxicated persons shall be excluded; in a few counties that dancers shall not be allowed to leave the hall except during regular intermissions or by permission of the inspector; that no disorderly or vulgar conduct shall be permitted; that dance halls shall be kept in a healthful and sanitary condition; that idlers or loiterers shall not be permitted; and sundry other provisions. The Kenosha County Ordinance requires that the rules of the American Association of Masters of Dancing shall be adopted and a copy of them posted in each public dance hall.

County dance hall inspectors have been appointed in all the counties. Women were acting as inspectors only in Kenosha County, although the appointment of women was being considered in other counties, and women not now acting had been appointed in Milwaukee, Winnebago and Fond du Lac Counties. In Milwaukee and Racine Counties deputy sheriffs act as inspectors; but in all the others the boards of supervisors have appointed other inspectors, the number varying with the size of the county and the extent of its problem, but usually one or more in each town or village. The County Supervisors are the dance hall inspectors in Kenosha County; in the other counties they are appointed by the boards of supervisors on recommendation of the chairman or of a dance hall committee composed of from three to five members of the board. In Iron County the town chairman and village president or mayor acts as inspector or appoints a substitute. In some counties it is provided that inspectors may be suspended by the chairman of the board or by the dance hall committee between sessions of the board.

No examinations are held for the selection of inspectors in any county. They are usually appointed on recommendation of their town supervisor. They are paid from \$3 to \$5 for each dance supervised and in most counties this fee is not paid until the inspector's written report has been turned in. These reports go to the county clerk, with duplicates in some coun-

ties to the proprietors of the dance halls and to the district attorney. These fees are sometimes supplemented by the dance hall proprietor.

The ordinances further provide, in accordance with the state law, that the annual licenses of dance halls may be revoked by the board of supervisors for violation of the rules, and inspectors are given the power to order a dance stopped and the dance hall closed for the evening on account of such violation; violators are punishable by a fine of not less than \$25 nor more than \$1,000 or by imprisonment for not less than 30 days in the county jail and not more than one year in the state prison or by both such fine and imprisonment and in addition the court may revoke the licenses of the persons convicted.

In estimating the effectiveness of this system of county regulation, it must be considered that the system is a new one, having been in operation only a few months in some of the counties studied; that the character of the problem presented varies greatly from county to county, making regulation much more difficult in some counties than in others; that public opinion on the subject has been more active and better organized in some counties than in others; and that even in those counties where there are the most serious conditions in dance halls, it is necessary to judge whether conditions were not still worse before the present ordinances went into effect. In some counties officials complain of lack of public support; in others civic organizations complain of lack of earnest coöperation from the officials concerned in the enforcement of the dance hall law. In counties where the regulation seems to be effective and conditions have been improved, it appears that public sentiment is strongly and generally in favor of enforcement. In one county where enforcement is lax and conditions bad such sentiments were expressed by officials and citizens as: "Everyone is doing it. We are in the drift of the times and what can you do?" "So many of the so-called best people are involved that it is hard to propose a remedy."

“Inspectors turn their backs and see nothing. If I were acting as inspector I should do the same thing because one cannot get any backing.” “The county dance hall situation is impossible. It is useless to try to regulate drinking and sex immorality among older people. Public sentiment is all with those who want a good time and a drink.”

Opinions obtained as to the success of the ordinances present a great variety of conclusions, but in most counties a large majority of the opinions expressed were to the effect that conditions had been improved. The dance hall inspectors themselves in general state the belief that there has been improvement, especially as to closing hours and conduct on the dance floors. A few of them report very great improvement in all respects, but most of them are not so sanguine of improvement in the use of intoxicants and in the conduct of young people in parked automobiles or elsewhere in the vicinity of the dance halls, some of them holding that conditions are growing worse in these respects. It is to be borne in mind of course that they were commenting on the success of their own work and that some of them quite obviously were not using the best of standards in making their judgments. Most of the sheriffs also stated that conditions had been improved by the ordinances. In one county, however, the sheriff stated that some of the inspectors themselves drink and are too deferent to the dance hall proprietors; and in another county the sheriff thought there had been no improvement; but it is possible that these sheriffs were somewhat influenced by the desire to have the enforcement of the ordinances in their own hands. Social workers, judges, district attorneys and other citizens seen were for the most part of the opinion that conditions had improved, even in counties where they said the situation was still deplorable; that at least dance halls were no longer running all night long and that even where the inspection service itself was poor, dance hall proprietors fear the publicity which might come through unfavorable reports. There is a general realization of a serious

situation in most of the counties which needs to be dealt with more effectively.

Applications for annual licenses have been refused in only two counties (three in Racine and six in Winnebago) and revoked in only two counties (one in Milwaukee and one in Racine), although action regarding several licenses was pending in Milwaukee County at the time of this study. In several other counties, however, threats of revocation have been made and in some instances proprietors have been summoned before the boards of supervisors, and it was felt that these measures had been effective.

The supervision system is carried out fairly comprehensively in most of the counties, although methods used are very lax in some of them. It was reported in a few counties that some dance halls and roadhouses were running without licenses and without supervision; at several of the dances visited by the investigators for this study no inspectors could be found, and at some of them the proprietors claimed to be acting as inspectors. Another evasion of the law was reported to be sometimes effected by the proprietor sending out invitations to a dance to get it out of the classification of a public dance and then admitting anyone. In one county where the ordinance is defective, the general dancing is stopped at 1 A.M. as required, but then "entertainments extraordinary" of a demoralizing character are put on by professional entertainers. In Kenosha County it has proved impossible to prevent public dances on Sunday night, a jury refusing to convict even where the facts were clear, there being a strong feeling that it was unfair to close dances in the country while commercial amusements were allowed to run on Sunday night in the City of Kenosha. In some counties it was reported that so-called barn dances have been held without permits but that the ordinances had been or were to be strengthened to include them. In one county the dance hall committee, or other persons at their request, frequently visit dances to make sure that the inspectors are doing their work. Several of the ordi-

nances authorize the sheriff or the deputy sheriff to act in addition to the regular inspector, with the same fees when called upon to visit specified dance halls, and the deputies make a regular practice of visiting dance halls to supplement the regular inspector. In another county, where the only inspectors are the deputy sheriffs, it was reported that proprietors frequently got word when a deputy was to be expected.

The written reports made by the county inspectors are made on forms furnished for the purpose. Some of these are sufficiently complete and are filled out in detail; but many, perhaps most, of these reports are brief and perfunctory. One county clerk writes the inspectors for detailed information when perfunctory reports have been handed in.

The character of the supervision given at the dances varies greatly. Some of the inspectors are farmers who do not dance and who find it very difficult to know what should be permitted. At one of the better regulated dance halls visited the inspector was observed to be moving about in the hall and on the surrounding grounds. He kept close watch as to the manner of dancing and was about to stop one couple when they stopped of their own accord. The inspector then kept close watch of the man, following him outside. The dancing observed at this hall was very decent, although two men apparently had had liquor. No liquor was being sold at the hall, but it was reported that it could be obtained at a place about a quarter of a mile distant. Many other well regulated dances were observed by the investigators in this study, including some at which no inspector was present. At other places extremely bad conditions were noted, even where inspectors were present. At one such dance in a road house the inspector was not present when our investigator arrived, but arrived soon after the proprietor became aware of our investigator's presence. Whiskey was being sold openly; men and women stood side by side at the bar and parties were being served at the tables. Cabaret singers went from table to table

singing during the dance intermissions. Yet at this place the inspector claimed there had been a great improvement and said that although "drunks" appeared they were promptly dealt with. It seemed to be the policy to keep them out of sight. In connection with his claim of improvement, the inspector cited dances before the passage of the ordinance at which drunkenness, rowdyism and fighting were general, the disorder becoming so great that the deputy sheriffs would be called in to restore order.

Some of the dance hall proprietors were stated by the inspectors to be uncoöperative and to feel no responsibility for observing the law, trying for example to get permission from the inspector to prolong the dance after the stated closing hour. At one dance hall the proprietor objected to the presence of our investigator. He claimed an inspector was present in uniform but our investigator could not find him. At two or three other dance halls the proprietors were displeased with the activities of the inspector. Most of the proprietors, however, seemed to be in favor of the law and to welcome the inspector, and some of them pay for additional inspectors. Some of them stated that the reputation for respectability given by the presence of the inspectors was valuable to them. In some instances proprietors are compelled by the inspector to refund admission fees to persons it is found necessary to eject.

In regard to the use of liquor at dances and the presence of intoxicated persons, inspectors and others reported that the situation had improved in some places but was worse in others, and almost everywhere this was admitted to be a chief difficulty. In only one or two counties were there claims of little difficulty on this score. The law and ordinances would seem to give the inspectors ample power, but many of the inspectors are lax in their enforcement of these provisions. The use of liquor was in evidence at a number of the dances visited by our investigators, and some of the inspectors were frank in saying that they did not pay any attention to a man who had a

few drinks "provided he could behave like a gentleman." At one road house visited by an investigator in company with the district attorney young men were observed lined up and drinking at the bar. Passing through a door marked "Private" they found themselves in a small dance hall with open booths on both sides where about twenty couples were eating and drinking. The investigators were immediately ordered out by a man in charge who was busy carrying bottles and glasses and watching the door. They remained, however, although evidently having a very chilling effect on the crowd. This place was not being officially visited except on a riot call.

It is often difficult for the inspectors to enforce the provision forbidding the presence of unattended minors under 16. One inspector related inquiring about a girl who appeared to be under that age only to learn that she was 22 years of age, the mother of two children and divorced. At some of the worst places visited many children ten and twelve years of age were playing about the dance floor during intermissions. The fact that they had presumably been brought by their families certainly did not make them less susceptible to the unwholesome influence of the place.

The manner of dancing also is difficult to regulate on account of the vogue of certain of the modern dances. In several counties no attempt whatever is made to control this except when the conduct is extreme. One inspector when asked about dancing which seemed to our investigator to be improper said he saw nothing wrong with it although he admitted the persons concerned had been drinking and had been seen mixing drinks that evening. He said that so long as they kept moving over the floor he did not see reason enough to speak to them of their conduct. Reference has already been made to the regulation in Kenosha County as to the rules of the Dancing Masters Association. At one dance hall in this county, however, it was reported that no attempt was now made to control the manner of dancing, as attempts had led to

much trouble. The inspector thinks that the manner of dancing has improved but admitted that not one couple in six were dancing according to the rules. In two or three other counties inspectors claimed that they warned numerous couples and put them out for second offences. In Iron County a deputy sheriff said that arrests have been made for this cause.

The regulation of conduct on grounds surrounding road houses and dance halls has in most counties been very poorly done if attempted at all. At many of the dances cars were found parked in long rows reminding one of the attendance at a county fair, many of them in dark places, and their occupants being evidently disturbed by the bright lights of our investigator's car. Some drinking and "petting parties" were observed on the grounds. One dance hall reports much stealing from cars. Inspectors claim it is impossible to watch the dances and the outside grounds at the same time. In Columbia County two or three inspectors are provided for some of the dances and in Iron County deputy sheriffs sometimes watch outside the halls for the use of liquor. The ordinances in several counties are defective in not requiring the immediate surroundings of the dance halls to be sufficiently lighted. The Kenosha County Ordinance requires that the grounds be lighted on all sides to a distance of 100 feet from "any open-air dance hall."

In conclusion, it appears that while considerable improvement has been effected by the ordinances they are still inadequately enforced; that the problem is an important one, involving serious moral dangers to young people, and that much needs to be done in working out more effective supervision. There is much public interest in the matter and an increasing number of civic organizations are becoming active. Among the suggestions for improved administration made by officials and others interested are:

- (1) The employment of some women inspectors. The belief that this is necessary to good enforcement was expressed in

several counties and only one or two persons expressed a contrary opinion.

(2) The assignment of more than one inspector to certain dances in order to supervise the surrounding grounds as well as the dance hall itself.

(3) The adoption of something like uniform standards of supervision. One inspector said he would welcome a conference at which stanadrds and methods of supervision should be discussed.

(4) Some method of holding the inspectors themselves to more strict accountability. In two or three counties the belief was expressed that the responsibility for the enforcement of the ordinances should be centered in one chief or director who should be paid to give sufficient time to the work. In Fond du Lac County the chairman of the board of supervisors is required by the ordinance to act as chief dance inspector or to appoint someone to this position, the chief being required to furnish a bond of \$1,000. He issues all permits for dances, receiving a fee of fifty cents for each one. This county appears to have made more satisfactory progress than most of the others in the enforcement of the ordinances.

(5) In several counties much more strict enforcement of the ordinances is necessary and this can probably be secured only through the aid of strongly organized public opinion.

HOW FOLLOW-UP AIDS IN MAINTAINING AN EFFECTIVE SYPHILIS CLINIC

A REPORT BASED ON A TWO YEARS' EXPERIMENT AT THE
SYPHILIS CLINIC OF THE BROOKLYN HOSPITAL,
NEW YORK ⁽¹⁾

What is a follow-up system and what is its value in making clinic service effective? Does systematic follow-up help materially in keeping patients under treatment until they are cured? How much does a good follow-up system cost?

The answers to these questions are particularly important in considering the methods employed in a syphilis clinic because of the gravity of the disease, its communicability in certain stages, and its important relation to public health. Since treatment must extend usually over a long period and is expensive and not agreeable, patients are likely to discontinue too soon. Therefore, any plan which will aid in the control of cases is worth consideration.

For these reasons the Venereal Disease Section of the Associated Out-Patient Clinics of New York City and the authorities of the Brooklyn Hospital coöperated in a two-year experiment in the Syphilis Clinic of the Brooklyn Hospital Out-Patient Department to develop the principles, methods, and value of a follow-up system in a syphilis clinic.

In making this study the Committee was particularly concerned with defining the nature of the follow-up system as given in Regulation 7 of the Standards for Syphilis Clinics

(1.) Summary of a report entitled "Follow-Up System in the Syphilis Clinic" published by the Associated Out-Patient Clinics, 244 Madison Avenue, New York, September, 1926. Other articles appearing in the JOURNAL on this subject were by Fisher, M.D., Henry A., *A Study of the Value of a Follow-Up System in a Syphilitic Clinic*, JOURNAL OF SOCIAL HYGIENE, Vol. X, No. 8, November, 1924, pp. 474-94, and Brunet, M.D., Walter M., and Mary S. Edwards. *The Follow-Up Problem of Venereal Disease in Private Practice*, JOURNAL OF SOCIAL HYGIENE, Vol. XII, No. 4, April, 1926, pp. 212-22.

which were adopted in 1917 by the New York City Health Department and incorporated in its Sanitary Code, which is quoted below:

“Regulation 7. Follow-Up System.—A follow-up system, approved by the Department of Health, to secure regular attendance by patients shall be established and maintained.”

The Brooklyn Hospital Syphilis Clinic had had a follow-up system for a number of years. During the period covered by this report, the system was somewhat developed and was critically studied.

The results of the work in this clinic may be analyzed thus:

No method of sending notes and letters or making home visits urging patients to persist in treatment can be successful unless this is supported by a clinic properly managed to supply efficient treatment, to care for the patients promptly, to create in the minds of the patients, through their contact with the clinic personnel, an understanding of the need for thorough prolonged treatment, and by the proper professional and human attitude of the staff, to demonstrate that the problems arising in each case are taken into consideration.

As a supplement to this fundamental work done while the patient is in the clinic, the follow-up efforts in the study consisted of sending one note and two letters and the making of home visits. Of the 1028 patients handled throughout the period of the study, 40 to 47 per cent of all active cases required some follow-up effort. Such effort was made after two unexcused absences of the patient from the clinic. Follow-up by mail produced a noteworthy response and was successful in causing patients to return to the clinic in sufficient numbers of cases to justify fully the small cost of such procedure. This cost amounted to only eleven cents annually per patient.

In addition to the mailed notices, home visits were made. The number necessary was very small, however, only about 2 per cent of the total number of efforts made. As it was found unsatisfactory to attempt home visits upon men, a fourth notice was substituted for them. Home visits to women

and children resulted in the return of 29 per cent of those upon whom they were made. This percentage was greater than the men showed to the fourth mailed notice, to which 16 per cent responded.

Although wrong addresses have been sometimes mentioned as serious detriments to the functioning of a follow-up system, in this study they were responsible for failure in only 5 per cent of the total number of follow-up efforts by mail in the case of men and in only 2 per cent in the case of women and children.

Since the purpose of the study was to determine as accurately as possible the value of follow-up in keeping the patients admitted to a clinic under proper control, no intensive social work other than that called for for this purpose was attempted.

The social worker was considered an associate of the chief of clinic, her work distinct from, although closely associated with and complementary to, the medical aspect of the case. Her phase of the work was carried on as follows:

1. Initial contact with the patient on admission to clinic. At this time she obtained the necessary identification items for the history sheet. During part of the study, she also took a short social history as a routine, in order to obtain information to help make plans for the widening of the social work when it would be desirable to do so.

2. Complete social interview in cases presenting an urgent social problem.

3. Home visits to women and children who failed to respond to three notes.

4. Home visits with consent of patient to cases presenting fundamental social problems. In this group were not a few instances in which a visit was requested by the patient for the purpose of aid in explaining the situation to the family.

The kinds of work required to maintain the follow-up system during the experiment and the time necessary were analyzed. The chief of the section spent about half an hour

a week in selecting cases from the active file to receive notes. The rest of the work: writing and mailing the notes, checking those sent out and those returned on the history envelopes, and closing the histories for the latter, was done by the clerk and occupied about five hours of her time weekly. Thus, it is evident that the detailed mechanical work is only an incidental feature in the follow-up system and its expense. The really important element is the general management of the clinic, which requires not only interested attention by the physician and adequate clerical service, but close coöperation on the part of the entire clinic personnel.

Some of the outstanding findings indicative of the efficacy of the service were:

1. Of the 1028 cases treated during the first year of the study, 1922-1923, 72 per cent were controlled satisfactorily.

2. Of the same cases, 34 per cent were still active at the end of the ensuing year, 1924, with an average attendance of 47 visits to the clinic.

3. The communicability of the patients at the end of the year was reduced from 26 to 5 per cent.

4. More than half of the total number of patients required no work outside of what was done in the clinic itself to bring them back for treatment.

5. Each of the cases that was followed up required an average of 2.4 efforts. A few patients required a large number of efforts, but not many needed more than four or five.

6. The total number of 2,402 mailed notices produced a return of 843, or 35 per cent of the patients to the clinic. The return to the first notice was 40 per cent; to the second, 31 per cent; and to the third, 28 per cent.

Those patients kept under treatment for the minimum period demanded by the plan of treatment, two years, made practically the full number of visits required.

As a result of the two-years' work at Brooklyn Hospital the Joint Committee representing the two participating organizations reached the following conclusions:

1. The efficiency of a clinic in keeping its patients under treatment depends primarily on its personnel. If the physicians are skilled and considerate, are provided with necessary trained assistants; if the patients are individualized, and if the clinic has sufficient equipment and other facilities to do adequate medical work, results will be constant and immediate. Service to the patient is the test which the patient more or less instinctively applies. Patients react as human beings to service rendered and to sincere efforts on their behalf.

2. Assuming satisfactory work done in the clinic, particularly at the first visit, the majority of patients require no additional follow-up work. For a certain proportion of patients, however, follow-up by mail is needed and gives good results.

3. Wrong addresses present slight difficulty if care is taken in recording addresses and keeping track of changes. False addresses are an extremely minor problem.

4. Home visits are of distinct value in connection with the treatment of patients, and with follow-up in a certain but not very large proportion of cases.

5. Home visits for men are usually impractical, particularly when men are living in lodgings. In general, men, for occupational and other reasons, are more difficult to hold under treatment than women.

6. In the follow-up by mail, the form of notice seems to be of little importance.

7. Promptness in sending the letter or note is important.

8. The amount of time and expense in connection with follow-up by mail is small, in view of the results achieved.

The Committee, after reviewing the conclusions given above, recommended that the Sanitary Code be amended to include in the minimum standards for syphilis clinics the specifications that a satisfactory follow-up system, as now required by Regulation 7 shall be taken to include:

I. Provision in the clinic of the services of a properly quali-

fied person, possessing the training of a nurse and of a social worker.

II. That all patients who are neither discharged nor transferred shall, at each visit, be assigned a definite date for return and be instructed in the importance of continued treatment.

III. That records of the date of the expected return visits be maintained.

IV. That delinquents be notified by letter and, when indicated, by home visits.

V. That the Health Department be notified of all delinquent cases where disease is in a communicable stage.

SOCIAL HYGIENE AND PUBLIC HEALTH *

THOMAS PARRAN, JR.

Assistant Surgeon General, U. S. Public Health Service

As far back as 1875 the problem of the venereal diseases, their prevention and control, has been considered by the U. S. Public Health Service. The annual report for that year contained a number of significant recommendations as to the prevention of the introduction of syphilis and gonorrhea into the United States, as well as suggestions for the provision of treatment of those already infected, which are as germane to the problem to-day as they were at that time. "If these regulations were adopted," the report states, "a better sanitary as well as moral state of society would prevail generally." Nearly forty years elapsed before the medical and quarantine measures recommended by the Service for the control of these diseases had been adopted in the United States, and even to-day they are not adequately enforced throughout the country generally.

Ehrlich discovered salvarsan in 1910, which discovery more

* Read before the Annual Regional Conference on Social Hygiene, Atlanta Georgia, November 18, 1926.

than any other one thing, resulted in tangible and effective measures for the control of syphilis. The Public Health Service secured the first shipment of this drug to the United States and coöperated in its first administration in this country.

Back in 1911 the Public Health Service wanted to do something which, it hoped, would bring about a reduction in the prevalence of venereal diseases among the patients who were being treated in its Marine Hospitals. At that time about 22 per cent of the work of the Marine Hospitals had to do with venereal infections of one kind or another. So, in 1911 the Public Health Service a booklet containing the facts then known about venereal diseases stated in plain and simple language. The intention was to distribute the booklet among the seamen and others who were cared for in the Marine Hospitals. The booklet was sent to the Treasury Department for approval and was promptly sent back with a message that it contained matter which was indecent and improper for the Government to print. And that attitude, which reflected public opinion of that time, was sustained by higher officials and the booklet was not printed.

That was in 1911. Seven years later the world war had brought the country to a state of mind in which it was willing to look reality in the face and the Federal Government was spending nearly three million dollars per year to promote social hygiene and to fight venereal diseases. This was but a small part of the total money and energy being expended throughout the country for this purpose. In that campaign the government was flooding the country with literature far more frank in its treatment of the subject than the small booklet which seven years before had been deemed indecent and improper for the Government to publish.

The creation of the United States Interdepartmental Social Hygiene Board and of the Division of Venereal Diseases was the result of this change in public attitude and was hastened through the efforts of a few farsighted sanitary statesmen,

among whom the General Director of the American Social Hygiene Association took a leading part.

In discussing the place of social hygiene in our scheme of public health it seems unnecessary to emphasize its relative importance before such an audience as this. The institution throughout the country of sound measures of social hygiene in its various phases constitutes one of the most important and pressing problems confronting the nation to-day. The manner in which this problem is met will have a far-reaching effect on the whole future of the race.

If the relative importance of the several special phases of modern public health is analyzed, it will be apparent to any impartial observer that social hygiene should take first place. It involves not only the prevention of that group of diseases transmitted by sexual contact, in which is syphilis, the greatest killing and disabling disease, and gonorrhea, probably the most prevalent of the serious diseases which afflict the race, but it is related directly to many other phases of life. Social hygiene is concerned with character formation; it influences mental health to a profound degree; it is a most significant factor in marital happiness; in short, social hygiene influences more directly our whole social system and guides more intimately the whole trend of our civilization than any other phase of public health.

Scarcely eight years have passed since this nation undertook in a systematic way its campaign for the control of venereal diseases, and although it is too early to evaluate fully the results which have accrued, the present seems an opportune time to take stock of those definite accomplishments which have been recorded, to ascertain if possible the trend of venereal infections, to acknowledge the failures in our present efforts, and to point out the more pressing of the unsolved problems in this field.

If in this discussion I seem to emphasize venereal disease control and to pass over other phases of social hygiene, it will be because my more immediate interest and information lies

in this field and because there are others here present, much more competent to discuss certain other phases of the broader problem.

In any campaign against a disease it is desirable to know the nature and extent of the problem. After eight years we still do not know with any degree of accuracy, the past or present prevalence of venereal diseases in the country generally. From the very nature of the problem it is likely that we never shall know the prevalence of syphilis and gonorrhea with a degree approaching accuracy. The same is true of other diseases; for example, malaria, in regard to which the experts state that it is easier to eradicate the disease than to determine its exact prevalence. It is recognized that a large number of persons who are infected with the venereal diseases never seek the services of a physician, and that in spite of the requirements which exist in every State in the Union for reporting of cases, it is a well known fact that notifications by physicians are far from complete. In this connection, however, attention should be directed to the fact that because of the chronic nature of these diseases many cases seek treatment at several clinics or at the hands of several physicians and because reports are made by number, several reports of the same case frequently are made. This duplication of reports is not now a considerable factor owing to the present incompleteness of reporting, but should at least be mentioned.

The prevalence of venereal diseases among certain groups has been determined. These determinations of prevalence embrace the results of examinations of draftees during the war, Army, Navy and Public Health Service statistics concerning their patients, routine Wassermann surveys in hospitals and institutions, routine examinations of all admissions to eleemosynary and other institutions, recorded death rates from syphilis and its complications, and other sources of information. Analyses of the data have furnished much information concerning the distribution of these diseases among the population as regards age, sex, source and duration of

infection, causative factors in spread, and other useful information which has served to guide control measures more intelligently. From some of these sources also, some idea as to the trend of venereal infections should be determinable. The Public Health Service is now analyzing all available data bearing on this problem, the results of which will be published at an early date.

Time will permit the mention here only of a few figures from the different Government services bearing on this problem.

In the Annual Report of the Surgeon General of the U. S. Navy the hospital admission rate for each of the venereal diseases is given. For the three year period 1914 to 1916 the average rate was 154.61 as compared with 129.43 for the corresponding period 1922 to 1924. This is a reduction of 16.28 per cent. In the report of the Surgeon General of the U. S. Army, the average venereal disease rate has been reduced from 98.78 for the three year period 1915 to 1917 to 59.95 for the three year period 1922 to 1924, a reduction of 39.30 per cent during this decade.

The statistics for the patients of the Public Health Service in its Marine Hospitals have been analyzed to determine the trend of venereal disease incidence among this selected group. The results are set forth in the following table in which is given the percentage of cases of venereal diseases among all

Fiscal Years	Percentage of Cases with Venereal Diseases
1880-1884	24.67
1885-1889	20.92
1890-1894	22.02
1895-1899	20.85
1900-1904	20.77
1905-1909	20.59
1910-1914	20.23
1915-1919	21.38
1920-1922	No classification made
4-yr. period	
1923-1926	17.19

hospital and out-patient cases by five-year periods since 1880. A remarkably constant prevalence is noticeable up to 1920. The figures for 1920 to 1922 are not available but for the four-year period 1923 to 1926 inclusive the prevalence of venereal diseases is lower than for any similar period, a reduction of 20 per cent being shown as compared with the period 1915 to 1919.

In Great Britain where the Government has continued vigorously to support anti-venereal measures throughout the United Kingdom, the estimate is made by Sir Arthur News-holme that venereal diseases have been reduced 25 per cent since the war. In Denmark it is stated that the incidence of the venereal diseases, especially syphilis, is considerably less than in former years.

Case reports to the Public Health Service, however, do not indicate a decreasing prevalence of these diseases, but indicate more complete reporting of cases. For the fiscal year 1926, 215,000 cases of syphilis were reported, this being the largest number so far recorded. Cases of gonorrhea for the fiscal year 1926 numbered 166,655, which was 23,000 less than for 1921. An increasing interest on the part of the medical profession in the recognition and treatment of syphilis and gonorrhea is revealed from the data as to laboratory examinations for these diseases. During the last fiscal year 691,723 Wassermann tests were reported and throughout the eight-year period there has been a consistent increase.

TOTAL EXAMINATIONS MADE IN STATE LABORATORIES AS REPORTED
TO THE U. S. PUBLIC HEALTH SERVICE

Fiscal Year	Wassermanns	Gonococcus Exams.	Microscopic Exams. for Treponema Pallidum
1921	413,871	204,289	8,742
1922	483,946	200,427	5,210
1923	560,588	206,522	7,298
1924	673,855	230,883	8,234
1925	682,670	244,870	7,067
1926	691,723	217,161	9,315
Total....	3,506,653	1,304,152	45,866

In the attached table are given the number of coöperative clinics, number of admissions, and number of treatments by years, since 1919.

Clinic Activities—1919–1926				
Year	No. of Clinics Reporting	No. of Patients Admitted to Clinics	Total Treat- ments Given by Clinics	No. of Patients Discharged as Non-infectious
1919	167	59,092	527,392	14,278
1920	383	126,131	1,576,542	34,215
1921	442	140,748	2,108,003	55,467
1922	541	141,279	2,045,232	60,169
1923	513	119,217	1,992,631	55,503
1924	504	118,023	2,147,087	51,658
1925	495	110,372	2,088,494	47,828
1926	416	100,776	1,881,380	44,329

The opinions of many specialists as to the trend of venereal infections was sought by the Public Health Service in 1923. A wide divergence in opinion was expressed but approximately half of these men reported a decrease, one-fourth reported no change, and one-fourth reported an increase in infections of syphilis and gonorrhea. The information at hand leads to the opinion that a reduction in the incidence of venereal diseases has occurred during the past decade, but that the reduction is not uniform as regards the different parts of the country; that the reduction has been less among the negro than the white race, and less in urban than rural districts. The data available are not sufficient to justify an absolute statement of fact as to the trend of venereal disease infections but are sufficient to warrant the statement that no increase in these diseases occurred following the war. This in itself represents a very definite result of anti-venereal measures since following previous great wars, especially those in which large armies have been moved to foreign soil, great increases in venereal disease prevalence have been noted. If a definite increase in the rate did not occur following this war a significant decrease may be expected during the next decade unless this downward tendency is more than

counterbalanced by a decrease in anti-venereal measures or by an increase in sexual promiscuity, or by both.

It may be well to recapitulate briefly some of the outstanding accomplishments during the past eight or nine years. The most significant and basic of these has been the change in public attitude. The history of the measures for the control of no other disease reveals that public enlightenment has proceeded so rapidly with the result that a wholesome attitude is being developed toward matters of sex. Forty per cent of the high schools of the country have instituted some instruction to the pupils in sex hygiene; nearly one million patients with venereal diseases have received fourteen million treatments in the nine hundred coöperative clinics which have been established under joint state and Federal auspices, and many more have been treated by private physicians. Prior to the period under consideration practically no clinic facilities were available except in a few large centers. Only two states prior to 1918 required the notification of venereal diseases. Now every state and the District of Columbia have this requirement and during the past eight years 1,383,682 cases of syphilis, and 1,297,831 cases of gonorrhea, a total of nearly three million cases, have been notified to State health departments. Never before in the history of public health has such rapid progress been made in a similar period of time in directing the forces of prevention against any group of diseases, nor has any problem which has heretofore engaged the forces of prevention offered greater obstacles to success.

It is desirable to point out, however, that the evidence accumulating from many sources shows definitely a lessening of interest, a curtailment of activity and an increased public apathy during the past few years towards venereal disease control. In some measure this has been due to an inevitable reaction from the wave of moral enthusiasm which existed during and immediately following the war. It has been due also to the tendency which has characterized our whole public health history. Public health progress has not been achieved

by an orderly advance along all lines of prevention, but by a series of spurts in specialized fields of endeavor as one after another health problem has striven for the center of the stage and has captivated for the time being the imagination of the public. The end result, however, usually has been that each activity ultimately finds its place in the health program in proportion to its relative importance, and those of us interested in social hygiene look forward hopefully to that end result in this field of endeavor.

The expenditures on the part of the Federal Government and of the states for venereal disease control have decreased materially during the past few years. This has necessitated a curtailment of many important activities. A considerable number of clinics have been discontinued; although more than 900 have been established only 416 are now reporting; many educational measures have been curtailed or abolished, and the enforcement of laws concerning venereal diseases in many places either is lax or is not attempted. It has been interesting to note that the slackening of interest on the part of the states has not been uniform. Some of them have maintained their venereal control measures on a high plane of efficiency whereas in others practically all special efforts against these diseases have been discontinued.

These are facts which are not encouraging but which should be faced frankly in order that public sentiment may be aroused to a realization that unless venereal disease control measures are pursued vigorously the ground gained will be lost.

Another unfavorable tendency which is widely commented upon is the relaxation of the moral code which has occurred during recent years. This seems to be a part of a widespread revolt on the part of the individual against all forms of restraint, of a desire for personal freedom unhampered by the shackles of law or social custom. Although commercial prostitution has been abolished in law, and in fact is not thriving as it formerly did, the opinion prevails generally that clandestine prostitution has increased materially, that the moral

standards of women are lowered, and that a single standard of morals is being approached not by an elevation of the male but by a degradation of the female sex. If this be true, and there is much evidence to support the belief, it not only adds tremendously to the difficulties of venereal disease control but is of dire significance in its ultimate effect on that most fundamental of human institutions—the home and family, which has always constituted the citadel of our civilization.

These two unfavorable tendencies need to be studied thoughtfully in order that they may if possible be overcome or their evil effects minimized.

In studying the practical needs in venereal disease prevention, I am impressed not only with the desirability of applying in a more intensive and extensive manner the educational, medical and law enforcement measures which have been the guideposts in the past, but I am impressed with the urgency of further researches in connection with many phases of this problem. In proportion to its importance, less is being done in scientific investigations in this field than in any other major problem of public health. The public assumes that all facts necessary for effective control of venereal infections now are available to medical science, while in reality many investigators in the laboratory, in the field, in the classroom and in the clinic would yield much of value in guiding measures of prevention and treatment more effectually.

Although the development of the arsphenamines has revolutionized the treatment of syphilis, the cure of this disease still involves protracted treatment which is expensive and highly technical. It is not too much to hope that the effectiveness of anti-syphilitic treatment may be further increased and the technique simplified. In the treatment of gonorrhea no such progress has been made and advances in this field have not kept pace with those in many other phases of medical science. Not only in treatment, but in diagnosis, in sex education, in epidemiological studies, in statistical analyses and in

many other phases of venereal disease control, additions to our scientific knowledge are needed.

The expansion of research should not divert attention from, but should parallel and supplement the expansion of practical measures of social hygiene initiated by official and volunteer, national, state and local health agencies. Each has a proper part to play and each is dependent upon the other.

In recognition of the need for effective coördination of effort and the desirability of expert advice from many sources, the Surgeon General is selecting an advisory committee of experts for the Division of Venereal Diseases composed of some of the leading authorities in the various medical phases of this problem. The advice of the committee will be sought on all major problems in order that the Public Health Service may determine how it can best meet its obligations and make its venereal control work most helpful and useful in connection with the whole scheme of social hygiene.

It is not possible to outline all of the practical needs in this field. Only a few of the more important will be mentioned.

In any program of hygiene or disease control public education should take first place and the progress of that program will depend largely upon the success of the educational endeavor. Educational efforts in the future will be directed more specifically toward strategic groups rather than towards the great unorganized mass of the public. Next to education the medical aspects of the problem need to be considered. Of prime importance is the recognition that the private physician, the general practitioner of medicine, is potentially our greatest asset in controlling the venereal diseases. The interest of the physician in venereal disease treatment has been promoted but his knowledge of these diseases needs to be extended as regards diagnosis in obscure cases, in effective treatment, and in their public health significance. A recent study by Lane of medical education in the United States concerning the training in syphilis, shows that many medical schools are not giving this subject the consideration which its

importance deserves. Through the All-American Conference on Venereal Diseases and through regional conferences in various parts of the country much was accomplished in educating the physician and public alike concerning these diseases. A continuation of these conferences would be desirable. The facilities at the Public Health Service Hot Springs Clinic for the training of a limited number of physicians in venereal disease treatment are to be utilized to the fullest extent.

Scattering reports from many directions form a basis for the opinion that in many states the state eleemosynary institutions are not handling the venereal disease problem in the most approved manner. This is a phase which it should be possible to control very easily by efforts of the state health departments.

There has been a tendency in recent years to integrate more fully various phases of venereal diseases with other public health problems. This is a wholesome trend since it makes for efficiency and economy of administration. It seems especially desirable for health officers to use epidemiological measures more fully in tracing sources of infection and in bringing them under control. Along with this tendency the fact should be faced, however, that venereal disease control measures sometimes are submerged in favor of what appears to be to the health authority more popular or useful work.

The number of venereal disease clinics reporting to the Public Health Service has decreased by nearly one hundred during the past four years. It has been especially in the smaller towns where these venereal disease clinics have been discontinued. The re-establishment of these clinics or the appointing of coöperating clinicians to treat venereal diseases should occupy our attention. Approved standards of diagnostic and treatment procedures and follow-up service for cases should be more generally instituted in these clinics.

The above are but a few of the more important needs in this field which should occupy more fully the attention of public health authorities and of the public generally.

Like all other major problems affecting the social structure the tasks of social hygiene can be met only by a concerted effort on the part of many social agencies. The medical profession, Federal, State and local governments, National, State and local social hygiene societies, educational institutions, law enforcement agencies, and all other agencies interested in some phase of social welfare need to coördinate and direct their energies towards the common goal. In this connection and in conclusion I will quote Sir William Osler, whose words have a direct bearing in this discussion.

“The salvation of science lies in a recognition of a new philosophy,—the *scientia scientiarum* of which Plato speaks: ‘Now when all these studies reach a point of intercommunion and connection with one another and come to be considered in their mutual affinities, then, I think, and not till then, will the pursuit of them have a value.’ ”

THE EUGENIST ON EARLY MARRIAGE

HORNELL HART

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That an article¹ such as ours on *Happiness in Relation to Age at Marriage* should be subjected to searching criticism by so competent an authority as Mr. Popenoe² is an excellent thing. To provoke discussion of this sort is ample justification for the research undertaken. The comments by Popenoe may be divided into two groups: First, he has emphasized the cautions which we suggested as to the interpretation of our findings; second, he has made certain criticisms of the statistical methods which we employed.

On page 406 we said: “It may be supposed that premature

1. Hart, Hornell, and Wilmer Shields. “Happiness in Relation to Age at Marriage.” *JOURNAL OF SOCIAL HYGIENE*, XII:403-7, October, 1926.

2. Popenoe, Paul. “Early Marriage and Happiness.” *JOURNAL OF SOCIAL HYGIENE*, XII:544-549, December, 1926.

or delayed marriage is a symptom of permanent character traits which are unfavorable to success in family. If this is the true explanation, the postponement of marriage until the ideal age would presumably have no important effect on happiness." Mr. Popenoe elaborates this suggestion by urging that early marriages are apt to be made by wayward children who are nonconformists by nature, that such marriages are apt to be "forced," and that the people who marry early are apt to be inferior in intelligence to those who marry later. On page 407 we urged the need for similar inquiries in other localities. Mr. Popenoe emphasizes this by suggesting that conditions holding in Philadelphia may not be typical of rural districts and small towns.

In support of his contention about early marriage of wayward children Mr. Popenoe cites a study made by Katharine Bement Davis. Apparently he overlooked the fact that that investigation produced statistical results which not only reinforce our findings, but also run counter to Popenoe's assumption that the unhappiness of early marriage is due to a large extent to the supposed inferior intelligence and education of those who marry early. Dr. Davis compares³ 116 unhappy marriages with 116 happy marriages in which the age and education of the wives correspond exactly. Of her unhappy couples 46.9 per cent married before the woman was 25; of the happy only 32.7 married before that age. Careful analysis of her figures indicates that marriages in which the bride is under 20 are about three times as risky as marriages in which the bride is 25 or older. Within the error to be expected from random sampling, this corresponds with the results found in our study. Dr. Davis found no increase in risk at the higher ages, but this may be an accidental error, since the number of cases at higher ages in her sample was very small.

Relative to the ages of the husbands at marriage the correspondence between our results and those of Dr. Davis is

3. JOURNAL OF SOCIAL HYGIENE, IX, 14-15, January, 1923.

equally close. Our figures show that marriage by a man before he reaches the age of 25 is about 2.2 times as risky as marriage after that age; Dr. Davis gives figures indicating that the risk in her group was about 2.5 times as great for men at ages under 25 as for higher ages. It is regrettable that her data do not permit the study of the risk at various age combinations of husband and wife at marriage, but there is no apparent reason to expect her findings to differ from ours there. The correspondence is the more remarkable in that the group studied by Dr. Davis married, on the average, much later than does the general population.

That the warnings against drawing unwarranted conclusions from our statistics should be emphasized is desirable. On the other hand it must be remembered that those who suggest interpretations counter to those which we have advanced have no warrant for asserting that their hypotheses are correct until they can present statistical data in their support. As far as her data go, Popenoe's own authority contradicts one of his major assumptions.

Mr. Popenoe not only emphasizes warnings which we ourselves had stated, but he challenges our statistical methods and conclusions. His first point under this head is that S. Howard Patterson, who studied several thousand cases from the same court from which our data as to unhappy marriages were drawn, came to conclusions different from ours. Professor Patterson said:⁴ "There is little in these figures to show that early marriages are more apt or less apt to produce desertion cases." Reference to his data, however, reveals two serious statistical defects which are responsible for his negative conclusions. First, he lumped together cases coming before the court in 1916 and those coming in 1919. In the former year the proportion of the men involved who were under 25 years of age at marriage was 55.2 per cent; in 1919 it was only 19.1 per cent. Presumably war

4. *Journal of Delinquency*, VII, 301, November, 1922.

conditions were responsible for the abnormality of the 1919 data. In any case, to lump together two such discrepant samples and assume that the combination is a valid sample of the cases normally coming before the court, is an error which in itself would invalidate the conclusion drawn. In 1916 the percentage of the 3,437 cases studied where the man was under 25 at marriage was 55.2; in the sample used in our study, taken from 1924, the corresponding percentage was 58.2. According to the laws of probability, the chances are 100 to 1 that if our sample had been indefinitely large the true percentage would have been between 53 and 63 per cent. Our 1924 sample therefore checks in this particular with Patterson's 1916 sample, but his 1919 sample clearly is taken from a different universe from either of them.

Professor Patterson's second error is in deriving his normal control for comparison with his court cases. To compare with his percentage of desertion cases where the man was under 20 at marriage he should have had the percentage of all married men, in the jurisdiction of the court, of ages comparable with his group, who were married before reaching the age of 20. Instead of this needed control he substitutes the percentage of men *at the age 19*, in the *United States* including *rural areas*, who were married in 1920. Our study took a careful sample of marriage licenses issued in Philadelphia, in the approximate years in which the domestic relations cases were married.

Mr. Popenoe makes an implied criticism of the size of our sample. There is only one chance in 200 that if an indefinitely large sample were collected under the conditions specified in our study, the proportion of men in the normal population married under the age of 25 would be over 44 per cent, and only one chance in 200 that the corresponding percentage among court cases would be under 53 per cent. There is no question, therefore, that the sample is large enough to demonstrate the relation between age at marriage and getting into Domestic Relations Court.

Another statistical criticism by Popenoe has to do with our definition of married happiness. We based our analysis upon the fact of coming to court and alleging serious maladjustment. Dr. Davis based her analysis upon the answers of the wives to the question whether they were happy. The correspondence of the results suggests that the two methods are both accurate enough for the present purpose. In the study referred to on page 404 of our article the criterion used was application for a divorce. In that study also the conclusions were similar.

A fourth statistical criticism made by Mr. Popenoe has to do with the relation between age at marriage, length of marriage, and unhappiness in marriage. He assumes pessimistically that "if there is any relation between duration of married life and likelihood of shipwreck, the couples married longest would predominate here." In other words, he implies that the lower risk involved in marrying at a later age is due to the fact that couples marrying late in life have less time to quarrel. Yet the same study by Professor Patterson, which he quotes approvingly in another connection, says: "From the youth of the majority of the litigants (in Domestic Relations Court) it would seem that the problem is peculiarly one of the early years of married life."⁵

The proper statistical procedure in determining the rate of incidence of death, sickness, divorce or desertion is to divide the number of individuals in a specified group who undergo the experience involved, by the number of the same type who are exposed to the risk. Our procedure is based on this principle. Mr. Popenoe suggests the holding constant of the number of years married. This would be an interesting piece of research, but it is an additional problem, much more difficult than the one undertaken, and its omission is not at all a "statistical fallacy."

What Mr. Popenoe is really interested in, I take it, is the eugenic effect of postponement of marriage. I agree heartily

5. Op. Cit., p. 299.

that this phase of the problem needs to be considered in advising young people, and in the development of social attitudes on the subject. Our findings, and those of Dr. Davis, certainly justify advising against any marriage before the bride is 22 and the groom 25, and advising very strongly against marriage of women under 20 or of men under 21. Would Popenoe advise earlier marriages than this? Eugenic considerations certainly justify encouragement of marriage (of individuals capable of becoming socially desirable parents) before the woman is 25 or the man 30. The social policy which meets both the requirements, therefore, is to stimulate and facilitate marriage of intelligent and idealistic individuals between the ages of 22 and 25 for women and between 25 and 30 for men.

Let me second most heartily the plea of Mr. Popenoe for further research in this field. This discussion will serve its purpose if it stimulates study.

EDITORIAL

RESEARCH IN GONORRHEA

A "prep" school student whose knowledge of history was most superficial, when confronted with the question on an examination paper, "Who was Nero and for what acts was he noted?" answered laconically, "This man was a tyrant. The less said of him, the better." Many workers in the medical field have felt much the same regarding researches on gonococcus infection, its tyranny being predicated on the complex, monotonous, burdensome efforts required in a rather uninteresting and non-spectacular task. The spirochete of syphilis is a protean actor—assuming many disguises and traveling under many *nom de plumes*. The gonococcus, however, seems sort of a drab and colorless marauder whose menacing activities are not so boldly provocative. For these reasons, perhaps, less research has been reported on in the field of gonorrhea than in that of syphilis, not only in the United States but in Europe and South America.

Neither time nor space is available here to discuss the relative morbidity and mortality incidences of these two diseases but physicians and statisticians agree in placing both well up in the van of public health enemies. It does not seem logical or fair, therefore, that gonorrhea research should be neglected. In the past three years the Association has endeavored particularly to stimulate such research and has assisted in carrying out several studies on gonorrhea in the male and female, reports on which have been published and distributed.

At the 1926 meeting of the American Medical Association in Dallas, Texas, a special committee was appointed by the Urological Section which, with coöperation from the American Social Hygiene Association, is planning and executing an exhibit on gonorrhea for the 1927 meeting in Washington,

D. C. The committee proposes to limit this exhibit to gonorrhea in the male, but it hopes to deal with gonorrhea in the female at the 1928 meeting. The personnel of the Special Committee, Dr. F. R. Hagner (chairman), Dr. Edward L. Keyes, and Dr. Alexander Randall, with Dr. Walter M. Brunet as secretary, assures a careful and comprehensive exhibit and demonstration.

The U. S. Public Health Service, through its Division of Venereal Diseases, has called a regional conference of clinicians to be held in New York City early in January 1927 at which time gonorrhea control measures will receive the major share of attention. Specialists in the various aspects of gonococcus infection and its sequelæ will make brief statements as bases for discussion out of which, it is hoped, will come recommendations for further study. It is believed, also, that similar conferences may be arranged in other parts of the country on which occasions state and city clinicians, medical school faculties, physicians, and other leaders in public health will come together for the purpose of further stimulating the research for data and methods of use in fighting gonococcus infection. It is to be hoped that the next ten years will see as great progress made in combating the onslaughts of gonorrhea as has been achieved during the past decade in the fight against syphilis. To accomplish this will require constant and continued effort by the forces of public health but is it not of as much importance to war against "the great sterilizer" as to battle "the great destroyer"? From the standpoints of present relief for millions and future race betterment the answer must be an affirmative one.

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Infant Mortality.—Five States—Nebraska, Iowa, Minnesota, Washington, and Oregon—led the country during 1925 in having infant death rates of 60 or below, Grace Abbott, Chief of the Children's Bureau of the United States Department of Labor, stated in her annual report for the fiscal year 1926, made public December thirtieth.

Urging, as her most important recommendation, a two-year extension of the Maternity and Infancy Act through which federal aid is granted the states for the promotion of the hygiene of maternity and infancy, Miss Abbott analyzed the infant and maternal mortality statistics of the United States to show that although progress has been made in reducing the deaths of mothers and babies further effort toward this end is needed.

"The infant mortality rate during 1925 for the United States birth-rate area," Miss Abbott stated, "was 72 per 1,000 live births. This means an estimated total of 180,000 infants dying during their first year of life in the country as a whole. It is possible to reduce this death rate. If five of our states can show rates one-sixth or more lower than those for the nation as a whole, and if New Zealand can have a rate as low as 40, as it did in 1924, there is no reason why we cannot, through methods proved successful in these and other communities reduce our national rates with a saving of thousands of infant lives annually."

Tables compiled by the Children's Bureau from census reports show the trend in infant mortality rates for the years 1921 to 1925 in all states within the birth-registration area. During this period, the Federal Maternity and Infancy Act has been in operation and 43 states have accepted the opportunity to secure federal funds to add

to their own appropriations for a program of maternal and infant health. A drop of four points in the infant death rate has occurred, the Children's Bureau tables show. A total of 26 states and the District of Columbia can be compared, these having been within the birth registration area during the entire period. Of these 26, 17 show reduced infant death rates, 6 and the District of Columbia show increased rates, and 3 show equal rates. Seventeen states have reduced rates: Delaware, Indiana, Kansas, Maine, Maryland, Massachusetts, Michigan, Nebraska, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, Utah, Vermont, and Wisconsin. Six states with increased rates: California, Kentucky, Minnesota, North Carolina, Washington, and Virginia. Three states with equal rates: Connecticut, Mississippi, and Oregon.

Increases in the six states cited, the Children's Bureau report states, are probably not significant, but fluctuations such as are bound to occur from year to year.

"The types of work which the states are getting under way with maternity and infancy funds have thus proved successful in saving infant lives," Miss Abbott stated. "These activities include child health conferences, home visits by nurses, the distribution of literature on infant care, immunization campaigns against diphtheria, post-graduate instruction in pediatrics for physicians and nurses, instruction and supervision of midwives."

Analyzing maternal mortality rates for the same period of years, the Children's Bureau report shows that a small decrease in deaths has been effected for the area as a whole, but that certain states lead the nation in substantially lower deaths among mothers. The 1921 maternal mortality rate was 68 per 10,000 live births. In 1925, the rate was 65. In the 1921 birth-registration area, exclusive of South Carolina, 11,193 mothers died in childbirth. In the same states in 1925, 10,240 mothers died. The estimated total of maternal deaths for the country as a whole in 1925 was 16,018.

Nine states—Connecticut, Illinois, Iowa, Maryland, Minnesota, Nebraska, Rhode Island, Utah, and Wisconsin—had maternal death rates below 60 per 10,000 live births in 1925. Of the 26 states and the District of Columbia for which comparisons may be made between 1921 and 1925, 19 and the District of Columbia showed decreases, 6 showed increases and one was stationary. The 19 states showing decreased maternal mortality are: California, Connecticut, Indiana,

Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Washington, and Wisconsin. Six states showing increased maternal mortality: Delaware, Kansas, Mississippi, New Hampshire, New Jersey, North Carolina. One state equal: Virginia. Outstanding among the decreases were Maryland which lowered its rate from 67 to 58, Rhode Island from 71 to 52, Utah from 73 to 52, Washington from 78 to 60, and the District of Columbia from 101 to 87.

Part of the progress toward lower maternal death rates is attributed by Miss Abbott to the fundamental educational work being developed by the states in their prenatal programs under the Maternity and Infancy Act.

Supporting her plea for continued federal-state coöperation in the infant and prenatal hygiene program, Miss Abbott said, in part:

"Though the Maternity and Infancy Act is permanent legislation the appropriation authorized under section 2 of the act is for a five-year period that expires June 30, 1927. In order that budget estimates might be made in the autumn of 1926 and that the 42 state legislatures meeting in January, 1927, might know what funds would be available, action during the present session of Congress seemed desirable. With the approval of the President the Secretary of Labor therefore recommended to the chairman of the Senate Committee on Education and Labor and of the House Committee on Interstate and Foreign Commerce, the committees which had had the measure before them in 1920 and 1921, that the appropriation in the amount originally authorized should be continued for the fiscal years 1928 and 1929.

"Five years is much too short a period to carry out a public health program. It is a test as to whether the plan is calculated to secure the coöperation necessary for the success of such a program. It is believed that the Maternity and Infancy Act has already passed this test successfully.

"To discontinue coöperation now would result in loss of time and money spent in preliminary work. Some states had no child-health work under the state government before this act was passed. Foundation work has now been completed in nearly all the states so that actual developments on a statewide scale will soon be under way. The work is primarily educational and its effects cumulative. To discontinue now will be to fail to secure the proportionately greater results that will follow this period of preliminary organization."

St. Louis Church Leaders Take Social Hygiene Course.—Dr. George B. Mangold, Social Service Secretary of the Metropolitan Church Federation of St. Louis, and the Missouri Social Hygiene Association, through Dr. Harriet Stevens Cory, its educational director, are promoting social hygiene in churches and Sunday schools in St. Louis, through a training class at the Community Training School, the institution used by most of the Protestant churches as a training center for their leaders.

As the result of interest aroused through a series of news items in church and Sunday school publications, prepared by Dr. Mangold, several young women were stimulated to undertake brief courses. The lecture outline prepared by the United States Public Health Service was used. The course was given three times in one church. Further extension, demanded by successful outcome of these courses, was impossible because of lack of trained leaders. The present course, which is given by Dr. Cory to a class of thirty potential Sunday school teachers and church leaders, is an effort to meet this demand. Further interest is being aroused through the churches by use of the American Social Hygiene Association's report to the Commission on Christian Education of the Federal Council of Churches.

Dr. Cory has the following to say about the course now being given:

"The course in social hygiene now being given at the Community Training School in a 14-period course which is being attended by representatives from all the Protestant denominations, nearly all of whom are Sunday school teachers or leaders of young peoples groups in their respective churches. Most of them are very much alive to the problems they encounter, arising in the course of the perfectly normal sex development of the boys and girls in their care.

"The lectures have been designed to give them a clear idea of aim of social hygiene, and to make them conversant with the whole program, with the emphasis strongly placed upon the educational project and upon the normal sex life.

"The general physical and psychological characteristics of the child from infancy to adolescence, and the constant interaction between him and his environment have been studied in considerable detail; also the importance of giving definite, true and adequate information in regard to the origin of life. The class has been encouraged to discuss its problems in regard to this instruction and the manner in which it should be given has been demonstrated with great care and simplicity

for the benefit of the members with the least adequate educational background.

"The last five periods are to be given over to discussing the practical problems of the teacher—her opportunities for directing the habits and character of her pupils, and for using the chance sex incident which may arise for helpful training."

Venereal Disease in the Czechoslovakian Army.—The Prague correspondent for the *Journal of the American Medical Association* reports that in a recent article Dr. Charles Zrunek of the army medical corps discussed the effect of the new law on venereal diseases on the army incidence of these diseases.

He points out that the occurrence of venereal disease infections in the newly drafted men might be considered a good index of the incidence of venereal disease in the general population. According to Dr. Zrunek's figures the venereal rate per 10,000 of the newly drafted men was 83.1 in 1921. This decreased steadily so that in 1925 it fell to 36.2. In 1924 the lowest figure was reached for all venereal diseases. If the incidence of venereal disease in the newly drafted men is a good index of the incidence of venereal diseases in the population at large, a remarkable improvement in the situation is evident.

How much of the drop is caused by the return to normal conditions and how much to the new law, Dr. Zrunek did not know. That, he believed, remained to be proved. At any rate, abolition of the control of prostitution was not followed by increased incidence of venereal diseases, as was anticipated by the opponents of this measure. Venereal diseases are handled in the army as any other kind of infectious diseases for which isolation is enforced in the stage of contagiousness. Soldiers are examined twice a month for the incidence of venereal diseases. Another measure is investigation of the source of infection from which the venereal disease was acquired. Here coöperation with the civilian authorities is essential and made possible through the stipulation of the new law.

In the course of the two and one-half years during which the new measure was practiced, 2,972 investigations were carried out (which is approximately one-half the number of fresh infections). The source was actually discovered and abated by civilian authorities in 23.4 per cent of the cases. Chemical prophylaxis is enforced. Exposi-

tion of the dangers of venereal infections is an essential part of the educational program of the army. The soldier who contracts venereal disease is not punished even if he has not used prophylactic treatment. Great stress is, instead, laid on the proper treatment of infection. When a soldier who is infected with syphilis is discharged from active service before he is cured, he is required to report at a fixed date to a private physician, who has to notify the army surgeon to this effect.

\$100,000 Offered for Conquest of Cancer.—Two prizes of \$50,000 each have been offered by William Lawrence Saunders of New York for discoveries of the causation, prevention and cure of cancer. The offer was made on December 15, 1926, and will stand for three years. The donor expects to renew it, if necessary.

The decision upon which the awards will be made is to be reached by the American Society for the Control of Cancer and approved by the American Medical Association and the American College of Surgeons.

Divorce in the United States.—The comparative table of marriage and divorce in the United States recently released by the Department of Commerce shows a total of 175,595 divorces in 1925 as against 170,952 in 1924. The percentage of increase in population was 1.5, in marriages 0.3, and in divorce 2.7. Thirty-one years ago the ratio of divorce to marriage was 1 to 14.8. Ten years later, in 1905, the ratio was one divorce for every 6.7 marriages. For approximately the last fifty years, the period for which fairly accurate statistics are obtainable, the number of divorces has steadily tended to approach the number of marriages.

For the year 1925, 15 states, Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, New York, Pennsylvania, Minnesota, Nebraska, Maryland, Kentucky, Louisiana, Texas, Oregon, and California, showed a decrease in divorce. An increase is registered in Connecticut, New Jersey, Ohio, Indiana, Illinois, Michigan, Wisconsin, Iowa, Missouri, North Dakota, South Dakota, Kansas, Delaware, District of Columbia, Virginia, West Virginia, North Carolina, Georgia, Florida, Tennessee, Alabama, Mississippi, Arkansas, Oklahoma, Montana, Idaho, Wyoming, Colorado, New Mexico, Arizona, Utah, Nevada, and Washington, in all, 32 states and the District. In South Carolina divorce is not granted.

Social Hygiene and the Nurse.—*The American Journal of Nursing* has reprinted in two of its issues, November 1926 and December 1926, lectures given by Dr. John H. Stokes before the nurses of the Pennsylvania School of Social and Health Work, February 1926. In the November issue Dr. Stokes' lecture particularly brought out the effect of venereal diseases on marriage, pointing out that the effect of syphilis on marriage is distinctly more serious than that of gonorrhea, for unlike gonorrhea, the infection is transmissible to the child before birth and is thus often bound up in its whole being, to distort, injure and cripple it, and in a high proportion of cases to bring about its death. He emphasized the suffering of the child and the methods and means of caring for and often curing the unfortunate children thus infected. Dr. Stokes then outlined a number of axioms for the nurse to follow in dealing with familial syphilis. He stressed the nurse's opportunity to follow up cases and to instruct the family in sex hygiene and methods of sex education.

In the December journal, Dr. Stokes' lectures were concerned with "the larger issues of social hygiene." The preventive future of syphilis and gonorrhea depends, he pointed out, less on the appropriate use of mercury, silver and arsenic, than on the larger problem of the moral life.

"The real meaning of social hygiene, as I suggested, transcends the venereal issue. The fundamental problem of social hygiene, the recreation of the sexual life of man so that the injustices, the miscarriages of sense, the frustration of intelligence which on every side to-day mark our reactions and our laws toward the vital issue of our own perpetuation shall disappear. With them will go much of the necessity for the bodily curing of sexual missteps," said Dr. Stokes.

He then considered education and social hygiene, showing what had been done in the way of public and child sex education, education for parenthood and especially for motherhood and the raising of the young child. He urged that every nurse, whether she does only her private duty or institutional work, stand back of such movements as educate the public, that she give some of her time and thought to them and preach their possibilities and worth to all the world.

Special Courses for Physicians in Treatment of Venereal Disease.—Surgeon General Hugh S. Cumming has announced that the U. S. Public Health Service, as a part of its coöperative work with state

health departments in the control of venereal diseases, will give special courses of training to physicians, clinicians, and health officers at its venereal disease clinic, Hot Springs, Arkansas.

This clinic, which is operated by the Public Health Service in a new building belonging to the Department of Interior, offers exceptional opportunities for the study of the venereal diseases, especially in clinical and laboratory diagnosis, treatment methods, and clinic management. Here, studies of the many practical and scientific problems connected with venereal disease control are carried on. Last year 3,570 indigent persons were examined at the clinic; 3,064 cases of syphilis and gonorrhea were diagnosed and given a total of 32,315 treatments.

Surgeon General Cumming states that the instruction courses which now are offered will consist of a series of lectures by the director and the consulting specialists attached to the clinic, demonstrations in laboratory and treatment methods, and practical experience in the diagnosis and treatment of syphilis and gonorrhea in various stages through participation in the routine work of the clinic. New classes of not more than ten physicians will form on the first of each month and the course will continue for a minimum of thirty days. Engraved certificates will be presented by the Public Health Service to those who satisfactorily complete the thirty-day course.

Fees are not charged for this course of instruction. The individual physician, however, will necessarily provide his own travel expense to and from Hot Springs and his living expenses while there.

Interested physicians should write to the local state health officer or to the Surgeon General, U. S. Public Health Service, Washington, D. C., for information or application blanks. Applications should be indorsed by the state health department in which the applicant resides before being submitted to the U. S. Public Health Service.

Prevention of Congenital Syphilis.—In an article on "The Prevention of Congenital Syphilis" which appeared in *Health and Empire* for September, 1926, Dr. Norman Cruikshank states the problem and summarizes it thus:

"In conclusion one may repeat that the problem of preventing congenital syphilis is simplified by the fact that the disease is acquired and not inherited in the strict sense of the word. Many women, who themselves show no clinical evidence of syphilis, harbor the organism

and are capable of infecting their child before its birth. This can be detected in most instances by examination of the mother's blood, and if treatment is applied at the proper time and for an adequate period the child may be saved. While every effort should be made to improve social conditions and to enlighten the public in matters of sexual hygiene, the measure which demands our immediate attention is the provision of better facilities for the early diagnosis and treatment of syphilis in the expectant mother. We must consider the best means of ensuring that as many women as possible come under medical supervision during pregnancy; and treatment under conditions which will not stigmatize them as cases of venereal disease. Pending further developments in the maternity service, all existing institutions undertaking obstetrical work should be urged to make a routine of examining the blood of their patients, and the ante-natal clinics and child welfare centers should be made more use of for the treatment of mothers and their infants."

Report on Venereal Diseases in U. S. Army.—The control of the venereal diseases is still one of the most important sanitary problems of the Army. The Surgeon General's annual report shows that during 1925 they caused the admissions of 7,097 cases, which was second to the number of the respiratory group; the admission rate (52.25) however was less than one-third of that from the respiratory group (177.77).

But the venereal diseases caused the loss of 218,359 days and were practically as important as a cause of noneffectiveness as the total respiratory group, which was responsible for the loss of 218,549 days. The noneffective rate from the venereal group was 4.40, and the respiratory one, 4.41. Each case of venereal disease caused the loss of 30.8 days as compared with 9.1 for each of the respiratory.

Only 6 deaths were charged to the venereal group as compared with 47 from the respiratory, but there were 91 discharges from the former as compared with 57 from the latter. In addition to those deaths and discharges as reported there were 3 deaths from paresis and 5 from aneurysm of the thoracic aorta; and 22 discharges from paresis, 3 from tabes dorsalis, and 1 from aneurysm of the thoracic aorta. If these cases of syphilitic sequelae be added to the numbers first given, the total deaths amounted to 14, and the discharges to 117.

The number of venereal disease cases reported included not only

such as occurred among the military personnel during the year, but also such cases among the recruits as had escaped detection when they were examined for enlistment. Also all cases which had been previously counted and which came to the attention of a medical officer are included without regard to whether they are treated in hospital, in quarters, or carded for record only without loss of time.

The actual number of cases in 1925 was 505 less than in 1924, which was in turn 139 less than in 1923. The admission rate for the Army for the year (52.05) was considerably lower than the one of the previous year (56.05) which was in turn lower than in 1923 (59.16). The decline then in the 1925 rate from the one in 1924, was 6.8 per cent as compared with 5.3 during the year before.

Since 1908 or the year preceding the antivenereal campaign, the rate from venereal diseases, as stated, had declined 64.7 per cent; from gonorrhea, 68 per cent; from chancroid, 69 per cent; from total syphilis, 45 per cent; and from secondary syphilis, 69 per cent; but the one from primary syphilis has increased 41 per cent; and from tertiary syphilis, 13 per cent.

Welfare Council Launches Plan for \$4,000,000 Community Building.—A plan for a \$4,000,000 "community welfare building" designed to house all the scattered social service organizations of the city under one roof, has been launched by the executive committee of the Welfare Council of New York City.

A resolution was passed unanimously by the committee, declaring that "the greatest need of the welfare situation in New York is a central building in which the work of all social agencies can be conducted most economically and under conditions which will mean the maximum coöperation and coördination." The committee directed its chairman and executive director to proceed at once with a program for interesting individuals and organizations in providing the necessary funds and launching the enterprise.

Health of the British Navy and Army.—A marked improvement in the general health of the British Fleet is reported for 1923 in *Health and Empire*, September, 1926. The total force corrected for time in the year 1923 was 89,100, and the total number of cases of disease and injury entered on the sick list was 42,186, which gives a ratio of 473.46 per 1,000, a decrease of 85.56 as compared with 1922.

There were 8,295 cases of venereal disease, with 176 invalidings and 2 deaths, giving a decrease of 15.84 in the case ratio as compared with the average, and a decrease of 10.81 as compared with 1922. The highest case ratio, 274.81 is given by the China station, and the lowest, 71.62, by the Home station. The total number of days lost to the service was 225,975; the average of men sick daily was 619.09, a ratio of 6.93 per 1,000, a fractional decrease as compared with the two years' average, 1921-22, and as compared with 1922. The cases include 1,219 chancroid, 930 syphilis first record, and 391 later record, 4,847 gonorrhea, and 908 sequelae of gonorrhea. Two deaths and 17 invalidings were due to syphilis, and 157 invalidings resulted from gonorrhea or its sequelae. Further particulars are indicated in the table below.

Venereal Disease by Stations

Station	Total number of cases	Gonorrhea, and its sequelae	Syphilis	Chan- croid	Number of in- validings	Decrease in case ratio over 1922	Increase
Home	2,554	1,831	471	252	135	7.95	....
Atlantic Fleet	2,000	....	...	...	34	8.96	....
Mediterranean	1,457	1,051	169	237	77	43.52	....
N. American and West Indies	217	....	...	...	...	....	....
China	1,300	815	183	302	12	7.57	19.94
East Indies	267	138	45	84	4	....	27.53
Africa	278	204	48	26	22	....	10.13
Irregular list*	222	172	27	23	6	20.43	....

* *i.e.*, crews of warships on passage to and from foreign stations, of Imperial personnel lent to Australian Navy and from crews of the New Zealand Division.

It will be noted that though the incidence of venereal disease is still very high on the China station, yet there is a decrease on the figures for 1922 accounted for by a drop in the gonorrhea figures. It is stated that the type of gonorrhea met with is very resistant to treatment. "The greater majority of the infections have been contracted by men under the influence of alcohol. It is well known that the rickshaw coolies get a commission for bringing clients to brothels, and no doubt a large number of men who are intoxicated find themselves in these places."

The incidence of sickness among soldiers during the year 1924, shows very little change from that of the preceding year, the admission ratio being 484.7 per 1,000 of the strength compared with 484.0 in 1923. The principal causes of admission to hospital were malaria

13,644 and venereal disease 9,193, though both gonorrhea and syphilis showed a decrease in the admission ratio per 1,000 of the strength compared with the previous year. Gonorrhea heads the list of principal causes of inefficiency on account of sickness, the average number constantly in hospital being 1008.04; malaria comes second with 395.11, and syphilis ninth with an average of 109.08.

Analysis of the figures for the whole army shows that the continued reduction of admissions for syphilis was a considerable factor in bringing about the general fall in the incidence of venereal diseases.

	Ratio per 1,000			
	Whole Army		Home Commands	
	1923	1924	1923	1924
Gonorrhea	39.3	34.4	20.6	19.9
Soft chanere	8.9	7.3	1.4	1.4
Syphilis	8.2	6.1	5.4	3.9

The proportion of syphilitic to gonorrheal infections appears to indicate that the methods of self-disinfection are still more efficacious against syphilis than against gonorrhea, and that modern intensive treatment of syphilis has largely reduced the number of infective persons, male and female.

The treatment measures adopted in the army for dealing with venereal diseases continue to be of the nature of a "cordon sanitaire," and comprise: (1) education—moral and medical; (2) prophylaxis—recreational and medicinal; (3) notification; and (4) treatment.

Campaign Against Venereal Disease in Rumania.—In the years that followed the World War the amount of venereal disease increased very considerably in Rumania, reports the *Lancet*, for November 20, 1926. The increase is most noticeable in small towns and villages, where the population of clean, rustic folk was, before the war, more or less exempt from venereal disease. The Rumanian Government at once realized that its best weapon against this evil is the enlightenment of the public. Several expeditions have been organized, in which a skilled medical staff travels on caravan motor cars from village to village, giving explanatory lectures on the importance of early medical treatment and on the prevention of venereal diseases.

The motor car is equipped with a small laboratory for treatment and for taking specimens of blood. Explanatory leaflets are dis-

tributed among teachers, priests and other intelligent men, instructing them how to continue and carry on the work thus begun. In large towns free dispensaries have been set up, where venereal cases get free treatment. The Chamber Deputies passed a law obliging doctors to notify all fresh cases of venereal infection—omitting the names of the patients, and the data thus collected have shown a decided diminution in the number of fresh infections in recent years as compared with those just after the war. Notification also revealed that the institution of licensed houses does not in any way contribute to the decrease of venereal infection; it even shows that venereal disease is chiefly distributed by the brothels, where the resistance of men is considerably influenced by the action of alcohol. This has induced the Government to consider the abolition of licensed houses. From the end of the year the system of licensed houses will be discontinued in certain cities, and if the results are satisfactory the change will be made universal throughout the country.

Venereal Disease Control in Bulgaria.—For over a century syphilis in endemic form has existed in Bulgaria. As a result of the treatment given in hospitals and dispensaries, the number of cases was decreasing considerably before the war. During the war period venereal disease spread appreciably, according to Dr. Ivan Golosmanoff, head of the infectious diseases department and chief inspector of the Directorate of Public Health in Bulgaria. Fourteen per cent of the soldiers suffered from syphilis and 21 per cent from gonorrhea. As it was impossible to demobilize the army in accordance with a previously drawn up scheme, men suffering from these diseases were sent home without treatment and spread the diseases throughout the whole country, in the villages as well as towns. The passing of the armies of occupation increased the number of cases also, and since the war venereal disease has been much more prevalent.

Since 1920 any person suffering from syphilis and attending a hospital or dispensary is entered on a register. If the patient is unwilling to give his name, nothing more than his initials is entered. This information is communicated to the local health authorities nearest his home. The latter then register the name of the patient.

At the end of each year the communal medical officers send copies of their registers to the district medical officers. The latter forward the particulars to the provincial medical officers, who transmit them

to the Directorate of Public Health. The number of cases registered in this way in 1923 was 3,393, but the actual number of syphilis cases is far greater; 1,366 cases were treated in the hospitals in 1923.

In 1922, the Directorate of Public Health organized two mobile squads to conduct a campaign against syphilis in the provinces of Vidin and Vratza, near the Serbian frontier. These squads examined the entire population of the villages and small towns in the provinces, and carried out blood tests on all persons who did not show clinical symptoms. During 1923, these squads discovered and treated 2,056 cases in the two provinces in question. In certain villages veritable epidemics of syphilis were observed:

At Chereshovitza, a village of 450 inhabitants, 280 cases (62 per cent).

At Kopilovtzi, a village of 1,638 inhabitants, 753 cases (46 per cent).

At Chiprovitzi, a village of 2,423 inhabitants, 238 cases (9.8 per cent).

Before the war, tertiary lesions of the skin and bones were observed, and now certain lesions of the nervous system are reported—tabes and general paralysis.

In the towns, syphilis is generally spread by sexual intercourse and in the country districts without sexual intercourse. The widespread Bulgarian custom of eating out of the same plate, and using only one glass or bowl, largely contributes to the spread of the disease, and infection from this cause is very frequent.

Before the war, gonorrhea was very common among the urban population and at present many cases are met with in the rural district. Popular ignorance is one of the principal causes of the prevalence of venereal diseases. The people have had no instruction as to their nature, the manner of their transmission and the methods of prophylaxy.

The health administration has begun propaganda in schools; sexual matters are explained to the children in the elementary schools. It has also organized lantern lectures on venereal diseases. These lectures are well attended and listened to with keen attention. As yet there is no legislation regarding the ascertaining of cases of venereal disease and their compulsory treatment, nor are there any special institutions for scientific diagnosis and treatment of these diseases. There is no coöperation between the medical services or districts and communes on the one hand, and hospitals on the other.

Prostitution greatly increased during the European War, owing to lowering of general moral standards, the economic situation, and the lack of associations for protecting and finding employment for girls. Measures are in force against prostitution; prostitutes are registered and are subject to medical and police supervision; prostitutes suffering from disease are isolated and must undergo medical treatment. The medical officers of the provinces are responsible for the medical inspection of prostitutes. The communal medical officers examine the prostitutes twice weekly, and send all who are diseased to hospital. Brothels were very numerous in Bulgaria before the war; now they are disappearing, there being only one left. In spite of regulation, many women still engage in prostitution and avoid supervision by working as housemaids, chambermaids, music hall artistes, etc. Regulation is ineffective, supervision insufficiently strict and medical examination superficial.

Special Exhibit on Gonorrhea.—The American Medical Association's committee on Section Exhibit appointed by the Section on Urology, in coöperation with the American Social Hygiene Association, announces that the plan is to limit the demonstration to gonorrhea in the male, taking up in an orderly manner the diagnosis from a laboratory and clinical standpoint—of anterior and posterior urethritis, and generally accepted methods of treatment, diathermy and the criteria of cure. It is also planned that a comprehensive and valuable collection of material be shown, depicting the complications arising in the course of an attack of gonorrhea and the manner in which these complications are best treated. In the display of material, it is desired that the exhibitors limit their presentations to the fundamental and essential points. It is the earnest wish of the committee that the exhibit be a correlated one rather than a large one.

Circular letters explaining the exhibit together with application blanks will be mailed to those who registered in the Section on Urology at any of the last three sessions of the Dallas meeting of the American Medical Association. Any persons desiring literature may obtain it by communicating with the secretary of the Section, Dr. Walter M. Brunet, 370 Seventh Avenue, New York City. All applications for special exhibit must be sent to Dr. Brunet by February 15.

Congress on Sexual Research.—The First International Congress on Sexual Research met in Berlin, Germany, in November. The meeting

was attended by prominent sociologists, psychologists and scientists and was subdivided into a number of sections. There were separate divisions for physiological, biological, sociological, ethical, criminal and law proceedings. The chief problems dealt with the correlation of internal secretion and sex life, rejuvenation, psychology of sex instincts, new laws concerning the criminalities of sex, questions of heredity, of compulsory sterilization of criminals, the attitude of the churches towards questions of sexual ethics and the value of juvenile witnesses in law cases involving sex crimes.

The work done on the problem of curing and protecting against venereal disease was declared socially important. A certain caution was advised in the sexual enlightenment of youth. Progress in the combating of venereal diseases by means of salvarsan was generally acknowledged. The next meeting is to be held in Rome in 1929.

Causes and Remedies of Delinquency.—A survey made by the Central Council for Rescue and Preventive Work in London, England, in 1923, contains a "list of 12 causes of wrongdoing," as follows:

1. Predisposition due to highly emotional nature, mental disability, or other causes.
2. Bad upbringing and housing.
3. Immoral associates and bad surroundings at home or at work.
4. Ignorance of sex matters, or wrong knowledge and curiosity. Applying chiefly to very young girls or to those who have led a sheltered life. Ignorance of the dangers of an irregular life.
5. Betrayal under promise of marriage.
6. Financial need and desire for luxury.
7. Loneliness and monotony of existence, coupled with love of excitement and adventure.
8. Lack of any religious convictions.
9. Drink (occasional indulgence) and drug-taking. The consensus of opinion with regard to drink appears to be that occasional indulgence in stimulants is a cause of wrong-doing.
10. Birth-control knowledge.
11. Suggestive influences, bad literature, foolish cinema films, unpleasant shops displaying their wares publicly and the conditions often prevailing in parks and open spaces.
12. Fall in moral tone, due to war conditions and the growth of a spirit of indiscipline.

Recreation Survey of Buffalo.—In 1921 the Social Welfare Conference later reorganized as the Buffalo Council of Social Agencies began the Recreation Survey of Buffalo in a small way. It was concluded under the supervision of the Buffalo City Planning Association. The Survey is recorded in a volume of 369 pages, illustrated with 38 maps and diagrams.

From Obstetrics to Social Hygiene.—In an article in the *Medical Woman's Journal*, November, 1926, Dr. Rachelle S. Yarros records some of her experiences on a road that led "from obstetrics to social hygiene." In 1894, when Dr. Yarros came to Chicago, she was deeply impressed with the need for improving conditions in the neighborhood of Hull House. Most of the obstetrical work in the neighborhood was being done by old, foreign midwives and the mortality of mothers and babies was extremely high. Dr. Yarros worked out a plan for the establishment of an obstetrical out-patient department and presented it to several of the then existing medical schools, but received no encouragement. In the end she persuaded the Dean of the College of Physicians and Surgeons, now the Medical Department of the University of Illinois, to give her a small sum of money to open a most unpretentious little dispensary in 1899.

Dr. Yarros' interest in venereal disease and social hygiene, she explains, harks back to her experience at the Tewksbury (Massachusetts) State Institution. A student of medicine at that time, she obtained a position as attendant in 1891 and 1892 in order to earn some money during vacation time. It was there that she first learned about the ravages of the disease. Later on in her gynecological and obstetrical work, she learned further how important and serious a part these diseases play in married life. The traces of sterility traced to gonorrheal origin, the prevalence of pus tubes from the same cause, ruptured extra-uterine pregnancies due to early gonorrheal infection of the husband, ophthalmia neonatorum and repeated miscarriages due to syphilis, were all encountered frequently by Dr. Yarros and increased her interest in social hygiene. She learned, too, the ignorance of the general public on the subject of sex and sex behavior and the part it played in the spread of venereal diseases.

Dr. Yarros joined one of the earliest groups of social hygienists and began to take an active part in the educational campaign with the lay public. For fifteen years she has lectured on social hygiene in all

parts of the United States. Last year Dr. Yarros was appointed Professor of Social Hygiene at the University of Illinois. During the last six years Dr. Yarros has addressed the entire freshman class at the University of Illinois Medical School, at the beginning of the first semester, discussing the subject of venereal diseases and their relation to conduct and ideals. In addition she has given lectures on the various phases of social hygiene to the juniors in the university, in connection with the course in hygiene.

Infant Mortality Classified According to Causes.—The Ohio state registrar has made public statistics on infant mortality for the year 1925. In 1924 there were 8794 deaths of infants under one year, or 66.6 per 1000 live births. In 1925 the number increased to 8841 deaths or 69.4 per 1000 births. The deaths were attributed to the following causes:

Premature births	2234
Diarrhea and enteritis.....	1411
Broncho-pneumonia	956
Congenital malformations, all forms.....	806
Injuries at birth.....	607
Congenital debility	465
Lobar pneumonia	316
Influenza	261
Whooping cough	211
Diseases of nervous system (including convulsions) ..	164
Tuberculosis	95
Syphilis	90
Diseases of the thymus gland.....	71
Accidental suffocation from bed clothing.....	51
Erysipelas	43
Diseases of the ear.....	34
Scarlet fever	18
Diphtheria	18
Measles	9
Automobile accidents	9
Murdered	9
All other causes.....	963

Total	8841
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Dr. H. E. Kleinschmidt, special agent, Federal Children's Bureau, Ohio State Department of Health, points out that an important factor responsible for infant deaths which does not seem to have received the emphasis and study it should is syphilis. This disease was directly responsible for 90 deaths. But syphilis is probably the most common cause of premature births which number 2234 and is largely responsible for conditions listed as "congenital malformations" and "congenital debility," which together account for 1271 deaths. Moreover, syphilis is responsible in many cases for lowering physical resistance and is thus indirectly responsible for many deaths due to the infectious diseases, including broncho-pneumonia and possibly diarrhea and enteritis. It does not, therefore, seem to be an exaggeration to estimate that about 20 per cent of all infant deaths may be laid at the door of syphilis; a sad commentary inasmuch as methods for preventing congenital infection with this disease are well known and decidedly effective. Greater stress should be laid on the importance of examining every expectant mother for evidences of syphilis, since, if this fact is known, the transmission of the disease to the infant can be prevented.

Mortality from Stillbirths in the Netherlands.—A statistical inquiry has been made by Dr. Wesselink as to the causes of death in stillbirths. The inquiry covers all births from 1907 to 1916, or more than 1,500,000 births, with nearly 16,000 stillbirths. An important observation was to the effect that the number of stillbirths is always the lowest in the third quarter of the year. The mortality from stillbirths is lower in the cities than in the rural districts. It was noted in searching for the causes of stillbirths that syphilis is ten times more frequent in the cities than in the country. On the other hand, dystocia due to anatomic malformations is a more common cause of death in the rural districts. In view of these two facts (lower urban mortality from stillbirth in spite of the greater frequency of syphilis, and the higher frequency in the rural sections of stillbirths induced by dystocia) the author concludes that clinical accommodations in the country are far from adequate. The unfavorable factors in the cities are more than outweighed by the better results secured in urban hospitals.

ASSOCIATION NOTES

A leading event on the Association's 1927 calendar is the Annual Business Meeting to be held in New York City, January 21st and 22nd. Friday, January 21st, will be given over to group conferences on general questions pertaining to social hygiene. This will give state and local representatives an opportunity to discuss their problems with staff members of the Association. Many members and friends of the Association will take advantage of this meeting to bring up questions of methods, organization and other similar aspects of the work that they wish to have considered.

The business session will convene Saturday morning, January 22nd. Each local social hygiene organization is entitled to send two representatives to this conference and it is also hoped that state and city health departments and officials of voluntary agencies working directly or indirectly in the social hygiene field will send members of their staffs to the meeting. The annual luncheon of the Association's Board of Directors has been planned for Saturday at 1:00 o'clock. There will be one or two outstanding speakers and an opportunity for general discussion.

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Dr. William F. Snow has recently returned from Geneva, Switzerland, where he has been serving as chairman of a special body of experts appointed by the council of the League of Nations to study the question of international traffic in women and children. While abroad Dr. Snow served on the faculty of the social hygiene summer school at Balliol College, Oxford, held by the British Social Hygiene Council. He spent some time conferring with health officers in various countries, attended the International Congress for the Investigation of Sexual Questions which met at Berlin, Germany, and the meeting of the Federation of the League of Nations Societies at Aberystwyth, Wales.

* * * *

A signal honor has been conferred upon Dr. Thomas A. Storey in the presentation of the Luther Halsey Gulick Award for distinguished service in the cause of physical education. The award was made by the Physical Education Society of New York and Vicinity at a dinner meeting, November 23rd, at the Aldine Club. The list of speakers included prominent educators and physicians, among them Dr. John H. Finley, Dr. Abram T. Kerr, Dr. Joseph E. Raycroft and Dr. R.

Tait McKenzie, who reviewed the activities which led to the selection of Dr. Storey for the Gulick Award. Miss Jessie Bancroft officially presented the medal.

Dr. Storey has been professor of hygiene at the College of the City of New York since 1906. He was the first executive secretary of the U. S. Interdepartmental Social Hygiene Board in Washington, serving from 1918 to 1921. This fall he was appointed professor of hygiene and physical education at Stanford University, California, where he is now located.

He has been connected with the Association in the capacity of special consultant for several years, and has compiled a number of outlines of social hygiene material for use in physical education courses for colleges.

* * * *

Mr. George E. Worthington, since 1919 on the staff of the Association, has resigned to accept the appointment as counsel and general secretary to the Committee of Fourteen of New York City. Mr. Worthington succeeds Mr. Frederick H. Whitin. His experience as associate in directing the Association's studies of vice conditions in different parts of the country makes him a particularly valuable acquisition to the Committee in their efforts to repress commercialized prostitution in New York.

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Mr. Franklin O. Nichols spent two weeks of November in Negro universities and colleges, lecturing at Lincoln University in Lincoln, Pennsylvania, Howard University in Washington, D. C., and Virginia Union University in Richmond, Virginia. As a result of this tour made in relation to the innovation of a series of lectures composed for freshmen on sex education subjects, requests for a demonstration of these lectures by a representative of the Association have been made by several schools and colleges. Among these is a request from two or three normal schools of North Carolina, and a request from the State Department of Education of that state and the principals of the state normal colleges for negro teachers for methods of sex education.

Howard University is already including essential sex education matter in its departments of sociology and psychology. Early in December Mr. Nichols filled a five-day lecture engagement at Hampton University, Virginia.

Dr. Valeria H. Parker and Miss Chloe Owings attended the annual convention of the 23rd Assembly District of the New York League of Women Voters in Syracuse, New York, November 30 to December 2. Dr. Parker went as a delegate and Miss Owings to speak on "Women Police."

On December 8th Miss Owings spoke before the Zonta Club of Hoboken, New Jersey, on "Safeguarding Adolescents," and a little later spoke before the Connecticut Agricultural College at Storrs, Connecticut, on "Training for Parenthood."

Dr. Valeria H. Parker spoke at a meeting of the Association to Promote Proper Housing for Girls on November 23rd. The meeting was held at the Pennsylvania Hotel in New York City. Dr. Parker's address dealt with housing conditions for the modern girl, her associations, social life and problems. It was enthusiastically received and has been much commented on by the Press. On December 9th, Dr. Parker spoke before the 10th A. D. League on "Next Steps in Social Hygiene."

* * * *

Dr. Eugene L. Swan's lectures in Virginia during October and November were much appreciated. Dr. Fereba B. Croxton in commenting on the value of Dr. Swan's lectures wrote as follows: "The women of Virginia have previously been awakened to the real meaning of social hygiene, but up to this time the men and boys have had no one to help them. Your sending Dr. Swan to us will mean more to these boys and men than anyone can estimate." In his lectures Dr. Swan is considering social hygiene from the viewpoint of both father and son. Fathers are being reached through the Rotary, Kiwanis and other clubs, and the adolescent boys through the high schools. On December 6th and 7th, Dr. Swan lectured at Loomis Institute, Windsor, Connecticut, going from there to speak at Colgate University.

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Mr. Ray H. Everett was the principal speaker at a meeting in Unity House, Boston, Massachusetts, under the auspices of the Family Welfare Society. Mr. Everett's subject was "The Rôle Social Hygiene Plays in Family Welfare."

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During the week of November 8th Dr. Thomas W. Galloway assisted the District of Columbia Social Hygiene Society in Washington, D. C., in an educational program. In Camden, New Jersey, he addressed

the New Jersey Council of Parent-Teacher Associations and attended a meeting of the Council of Women in Roanoke, Virginia, on November 25th.

* * * *

Dr. Edith Hale Swift's December engagements included an address before the Smith College Club of Brooklyn, New York, and a talk to high school and employed girls in Newton, New Jersey, under the auspices of the Y. W. C. A. The last part of December she attended a National Conference of the Council of Christian Associations in Milwaukee, Wisconsin.

* * * *

On December 3rd, Mr. Newell W. Edson spoke before the Mothers-in-Council, Germantown, Pennsylvania. Once a week throughout the month he lectured in Plainfield, New Jersey, in a training course for leaders conducted jointly by the State Board of Health and the New Jersey League of Women Voters.

BOOK REVIEWS

SEX FREEDOM AND SOCIAL CONTROL. By Charles W. Margold. Chicago: The University of Chicago Press, 1926. 143 p. \$2.00.

Conventions, codes and mores change but they do not necessarily represent progress. The problems of each age appear new to those unfamiliar with the history of man.

The various recent volumes on marriage, monogamy, birth control, and the more numerous discussions of personal freedom, self-expression, sexual rights and the companionate attest a revived interest in subjects as old as social organization. It is especially gratifying to read a volume that considers some of the concerning sex facts in their evolutionary relations from the viewpoint of modern social theory.

Mr. Margold's fundamental thesis is "that due to man's biological, psychological, and social nature, social control is inevitably present in matters of sex conduct." With a scholarly, scientific and most readable method and style he presents the arguments in favor of a vital changing intelligent social control that has ever pervaded all morality. He is neither conservative nor radical in his views on sex morality, nor is he aiming to discuss rightness or wrongness of personal sexual thinking or behavior. Mr. Margold is a fair critic of the point

of view and assumptions of those who, as radicals, announce their conviction that "It is not until a child is born or conceived that the community has the right to interest itself in the sexual acts of its members." He dares to bid the biologically minded look at the data of human experience as revealed in anthropology, psychology and sociology. Carefully, orderly and forcefully is revealed the presence of elements of social control that enter into all human activity and that to greater or less extent limits man's freedom. By the presentation of abundant evidence of social control in sexual conduct, Mr. Margold shows that primitive tribes have social regulation evident even in the face of existent promiscuity of sex practices. The reality of group sex standards is manifest in the prevalence of group forms and proprieties even in promiscuous prenuptial relations as well as in the sex standards that condition various types of marriage and the individual relations thereto.

The conclusion "that to-day as always, man's sexual life exhibits the invariable presence of social control," does not question the trends of present day sexual theory or practice. It strongly indicates that he who likes to regard himself a sexual individualist, after all, is merely a phenomenon whose existence depends upon social attitudes towards group sex standards. The individual, willy-nilly, is a social being.

Was not this idea anticipated by Buckle, the historian, when he stated that "the great social law, that the moral actions of men are the product not of their volition but of their antecedents, is itself liable to disturbances which trouble its operation without affecting its truth"?

IRA S. WILE, M.D.

MODERN SCIENCE AND PEOPLE'S HEALTH. Edited by Benjamin C. Gruenberg. The People's Institute "Lectures-in-Print" Series. New York: W. W. Norton and Company, Inc., 1926. 250 p. \$2.50.

This volume of seven lectures by seven well known authors and scientists announces no new discoveries. The treatment, however, is fresh, direct, simple and engaging, and at the same time decorous and authentic. This is a combination of characteristics that continues to be novel, though it threatens to be less so as more students, like those who have written the present volume, find it convenient to share the fruits of their studies appropriately with a non-technical public.

The chapter headings form a diversified and well selected group:

Science in a Democracy; The Individual a Product of Inheritance and Environment; From Test Tubes to Living Things; What We Have Learned About Nutrition; The Adjustments and Unity of the Organism; Preventing Sickness and Prolonging Life; Scientific Service and People's Health. Such subjects have extraordinary practical human significance. The chapters are easy to read; and their contents worth remembering.

HARRY B. TORREY.

BRIEFER COMMENT

CLASSIFICATION OF SOCIAL AGENCIES BY FUNCTION IN THE CITY OF NEW YORK.

By Edith Shatto King and Augusta Frear. New York: Welfare Council of New York City, 1926. 120 p. 50 cents.

A complete tabulation and classification of the city's social service agencies, public and private, according to their function. The classification is made under four headings "Family Welfare," "Child Welfare," "Health" and "Education, Recreation and Neighborhood Activities." Nearly one-third of the book is taken up with a listing of organizations engaged in disease prevention and curative health programs.

There is an alphabetical index of organizations.

GROUP STUDY FOR PARENTS. By Eva V. B. Hansl. New York: Children, the Magazine for Parents, 1926. 15 p.

The purpose of this pamphlet is to stimulate the formation of groups to study child training within such organizations as women's clubs, parent-teacher associations and others interested in child welfare. Suggestions are made on methods of organization and programs for meetings. There is an excellent list of books on child study classified under the following headings: General, Health and Feeding, Sex and Adolescence, Child Psychology, Education, Family and the Race, and Fiction interpreting child life.

KOMPENDIUM DER SOZIALEN HYGIENE. By Dr. B. Chajes. Berlin: Fischers Medizinische Buchhandlung H. Kornfeld, 1923. 212 p.

This book defines social hygiene, concerning itself with the hygiene of living, nutrition and clothing. Chapters are devoted to alcoholism, tuberculosis, eugenics, diseases of the genital organs and to social hygiene organizations. There are many statistical tables and charts and a bibliography at the end of each chapter. There is also a full index.

ROCKEFELLER FOUNDATION. Annual Report for 1925. New York: Rockefeller Foundation, 1926. 521 p.

Interesting record of the work done by the Rockefeller Foundation during the year 1925 through the International Health Board, the China Medical Board, the Division of Medical Education and the Division of Studies.

The President's report brings out twenty-one different projects carried on. A full report is made by each departmental agency. The volume contains many interesting illustrations and charts.

STATE-AIDED HOSPITALS IN PENNSYLVANIA. A survey of hospital finances, resources, extent of service and the nursing situation, by Emil Frankel. Harrisburg: State Department of Welfare, 1926. 102 p.

This study of 149 State-aided hospitals, brings together a mass of material which will be of interest to hospital executives and all those interested in hospital management. Very complete and accurate data is given on hospital costs and service. An appendix contains a list of Pennsylvania Hospitals.

ZUR SEXUELLEN HYGIENE IN SOWJET-RUSSLAND. By Hans Haustein. Bonn: Marcus and Weber, 1926. 41 p.

A discussion of sex hygiene in Soviet Russia. The Venereal Disease Institute at Moscow and dispensaries in Soviet Russia are described and various statistics are given. The subject of Prostitution is also discussed. An explanation is made of the methods of sex education used.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

ANNUAL REPORT OF THE SURGEON GENERAL, U. S. ARMY. 1926. 482 p.

BIRTH CONTROL AND THE STATE. A Plea and Forecast. By C. P. Blocker. New York: E. P. Dutton and Company, 1926. 87 p.

BOYS—THEN AND NOW. By William Allen White. New York: The Macmillan Company, 1926. 68 p.

CRIMINAL JUSTICE. Compiled by James P. Kirby. New York: The H. W. Wilson Company, 1926. 314 p.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and especially prepared original articles. Edited by Henry W. Cattell, with the collaboration of Charles H. Mayo and others. Volume 4. Thirty-sixth series. Philadelphia and London: J. B. Lippincott Company, 1926. 308 p.

LAISSEZ-FAIRE AND COMMUNISM. By John Maynard Keynes. New York: New Republic, Inc., 1926. 144 p.

LEADERSHIP. A Manual on Conduct and Administration. By William Colby Rucker. New York: The Macmillan Company, 1926. 171 p.

THE MISSOURI CRIME SURVEY. Compiled by eleven consultants and Survey Committee. New York: The Macmillan Company, 1926. 587 p.

PRIMARY GYMNASTICS. The Basis of Rational Physical Development. By Niels Bukh. New York: E. P. Dutton and Company, 1926. 148 p.

PSYCHOANALYSIS EXPLAINED AND CRITICIZED. By A. E. Baker. The Macmillan Company, 1926. 183 p.

- SEX FREEDOM AND SOCIAL CONTROL. By Charles W. Margold. Chicago: The University of Chicago Press, 1926. 143 p.
- A SON OF THE BOWERY. By Charles Stelzle. New York: George H. Doran Company, 1926. 335 p.
- STUDIES IN PSYCHOLOGY AND PSYCHIATRY. Edited by Edward A. Pace. Baltimore: The Williams and Wilkins Company, 1926. Vol. 1, No. 1, 32 p. Vol. 1, No. 2, 141 p.

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NO. 2

THE INTEREST OF THE WORLD'S Y.M.C.A. IN PROBLEMS OF SEX

A RÉSUMÉ OF THIS ASPECT OF THE NINETEENTH WORLD
CONFERENCE AT HELSINGFORS, FINLAND, AUGUST
1ST TO 6TH, 1926

C. E. SILCOX

Member, the Inquiry Staff and Member of the Helsingfors Inquiry Commission

The World's Y.M.C.A. is possibly the oldest "Youth Internationale" in the world, its first conference having been held in Paris in 1855. The nineteenth world conference was held last summer at Helsingfors, Finland, and for the first time since before the great world war, representatives of the affiliated national alliances from about fifty different countries came together, fifteen hundred strong, to consider those problems which are of peculiar significance to the life and thought of modern youth.

This Conference was distinguished among international conferences in at least two respects:

First: before the Conference a world wide study had been initiated by the World's Committee based on a questionnaire containing over four hundred questions which had been sent out into all the countries where the association was operating and which sought to secure as accurate a picture of the mind of the youth of the world as was possible. Some of the

answers to this questionnaire were made by individuals in writing; in other cases the questionnaire formed the basis for a group discussion and the findings and prevailing attitude of the group were incorporated in a report which was then sent to the national alliances. All the reports in each country were then summarized by the national alliances and sent to the World's Committee at Geneva, Switzerland, for further study and analysis. We may mention here that a special commission which had been entrusted with this final survey of the reports, stated in the document which they furnished to the World Conference that the Christian youth of to-day found in the sex question one of the most difficult fields of conflict, and "that the present age seems to have all the various sex problems of the centuries in addition to a few which are peculiar to itself."

Second: the Conference was not only prepared by such studies for a realistic approach to the whole problem of modern youth, but a further opportunity was offered at Helsingfors itself for a more adequate probing of all the questions at issue. The fifteen hundred delegates were divided into fifty groups of thirty members each, each group containing not less than eleven nationalities and representatives from at least the following cultures, Anglo Saxon, Scandinavian, Teutonic, Latin, Slav, Oriental, Negro. In this way Helsingfors became not one conference but fifty, each representing in miniature the Association world. When these groups had been assembled they were presented with a list of certain outstanding conflicts and asked to select from that list the area of difficulty which they felt to be most important. It is significant to note that the majority selected the field of sex; half of the groups giving it first place and most of the others giving it at least second place in the list. This interest seemed to confirm what the special commission had already reported and both the answers to the original questionnaire and the reports of the fifty groups (upon which this article is based) would seem to warrant the unqualified statement

that sex is the subject *par excellence* which is of supreme concern to modern youth.

SOME DIVERGENT VIEWPOINTS.—Naturally there were many divergent points of view developed in the course of the world wide discussion, and perhaps it is well at the very outset to indicate what some of these differences were.

(1) Some thought that sex in itself was ignoble and “not nice,” as one member worded it, representing a lower element in man against which he must always fight. Such seemed to relate the whole matter to “original sin.” Others, however, refused to believe not only that they had been “born in sin” but also that sex, which had been created by God, was other than good, although sin may have converted it at times into an evil. In general, however, the groups affirmed that sex in itself was a good thing, and should be so regarded. One group reported that “many youth were afraid of developing their sex instincts, when they should realize that they were God-given.” Another group affirmed that in their opinion “sex was the problem in modern life, and the key which opens or closes the door into the new life.” (They used the words “new life” in the theological and not the biological sense.)

(2) There were also differences of opinion concerning the ultimate purpose of sex. Several groups raised the question: “Is sex designed only for procreation and the reproduction of the species?” Such questions seemed to suggest that there was an aesthetic or play function in sex which made for the enrichment of life quite apart from the fact of reproduction.

(3) A third difference of opinion concerned the respective contributions of science and religion, or better still perhaps, information and inspiration, to the formation of true ideals. One group of boys reported that in their number the “Americans thought we should follow scientific principles while the Germans and Scandinavians felt that conscience and the Bible should be our guide.” While, on the one hand, it was recognized that mere knowledge would not be sufficient to enable a man to frame his ideals, on the other hand it was recognized

that there was not always clear guidance on the most urgent problems in the field of sex either in the Bible or in religion. Thus, in a meeting of the discussion leaders, a delegate from Roumania pointed out that a good deal of trouble was often caused by younger boys reading with considerable relish certain passages in the Old Testament which dealt unabashedly with sex. In another group, a young Indian said: "I have been seeking light on this matter in the Bible but without much success. In the New Testament, the writer who touches most frequently on the problem is St. Paul, but he was a celibate and really did not know enough about the subject, and in the Old Testament the most prolific writer on 'love' seems to have been King Solomon, and from all accounts he knew too much." Some comment was made on the recognized system of concubinage in the Old Testament, and in a boy's group, one member remarked that "if Christ is taken as an ideal in this matter, race suicide will follow."

(4) Another fundamental difference in approach to the whole project was evidenced in the criticisms made by several of the delegates from India that there seemed to be a tendency to approach the whole sex question from the point of view of the personal well-being, whereas in India they were accustomed not to think in terms of the individual but to determine their sex ethics entirely in terms of social well-being. (This attitude was not unlike that expounded by Rabindranath Tagore in his chapter in Keyserling's *Book of Marriage*.)

THE DISCONCERTING SEX SITUATION IN THE MODERN WORLD.—But however fundamentally different the approach to the sex question might have been on the part of various members who participated in the discussion, nevertheless there were certain general tendencies in modern society which were for all a matter of great concern. Perhaps it is well at the outset to list certain of these conditions or practices which seem to be causing anxiety, reserving for later consideration the possible causes which were alleged to have produced them.

(A) GROWTH IN FRANKNESS BETWEEN THE SEXES AND ABSENCE OF RETICENCE.—In the Brazilian report on the questionnaire, it was stated that at present young men and women are forsaking hypocrisy in the matter of sex and are “trying to live in accordance with the principles for which they are suffering.” There was general unanimity in all the national reports that, by and large, in practically all the countries in which the Association operates, there was an increase in frankness between the sexes and a greater freedom in their social relationships. It was nevertheless, equally clear that this frankness differed in extent in the different countries, taking one form in China and quite another in Germany or in the United States, while in certain countries, such as India, tradition still exerted a powerful influence.

Some felt that this growth in frankness was on the whole a most wholesome thing and that unmasking the hypocrisies of so-called prudery made for a greater naturalness in the whole conception of what sex relationships ought to be. Others, however, felt a great concern, believing that such frankness would almost inevitably lead to dangerous practices and that the increasing camaraderie existing between boy and girl, young man and young woman, might only result in the collapse of the code of chivalry.

(B) CHANGING STANDARDS AS TO THE IDEAL IN THE RELATIONS BETWEEN THE SEXES.—The report issued by the Helsingfors Inquiry Committee on the results of the questionnaire stated that “youth is not satisfied with the old standards of sex morality, but has not clearly evolved any new ones.” This would imply that we are in a state of transition and that in such a state people are naturally confused in their judgment. Some groups at Helsingfors, however, stated that in their opinion youth to-day readily accepted the traditional standards but found it exceedingly difficult to abide by them. It need hardly be added that the traditional standards differ in varying cultures. Many groups expressed concern and dissatisfaction with the long established “double standard of

morality." In one of the groups it was reported that in a certain German community the church authorities recently refused to do away with the regulation that any woman who had "fallen" must not, upon the occasion of her marriage, wear the customary bridal wreath. Those who sought the change argued that no such penalty was inflicted upon the man. The Church, however, maintained that such discrimination made for morality. On the other hand, there seemed to be some concern at the aggressive attitude taken by many modern girls and women, as if, in demanding the same standard for themselves as that claimed by man, many women proposed to effect the equality, not by raising the general standard to the level formerly demanded of them, but rather by lowering the general standard to the level formerly accorded to men.

Furthermore, there were repercussions of the effects of the open advocacy in many countries of free love and trial marriage, especially among socialist and communist circles. A delegate from India intimated, however, that because of the influence of the Hindu religion, free love was not a serious danger in India. He further stated that the sex relationship there, including the much-discussed early marriages, had been determined in response to social need (i.e., the need of having an heir and establishing a family) although the Indian attitude in this respect was being corrupted by Occidental individualism which tended to assume that sex-relationships should be determined purely according to the desire for self-gratification of the individual.

(C) GROWTH OF MARITAL UNHAPPINESS, DIVORCE, ETC.—Concern was expressed at Helsingfors that divorce seemed to be growing in many countries and that in other respects family life was in danger of disintegration. Many reasons—economic and otherwise—were put forward as to this, among them the economic impossibility of early marriages for most of the youth of our modern world. India, however, stated that this certainly is no problem in that country.

It is well to observe that some countries, such as China, attribute the breakdown of the Old Chinese family to the introduction of Christianity and its accompanying individualism. In countries where Christian standards prevail, the alleged reasons may include disrespect for religion!

Some of the groups desired to discuss the question of the relation between the sexes with that of the present situation in the home, but most of them found that while these questions were intimately related in certain respects, they were not identical and were better treated separately.

In all the discussion on the breakdown of the home there was little definite evidence as to the extent to which sex ignorance as to what the husband should properly expect from his wife and what the wife should properly expect from the husband was a factor in the growing frequency of divorce.

(D) GROWTH OF SEXUAL IMMORALITY AND SEXUAL MALPRACTICE.—

There seemed to be a general feeling among the delegates that sexual immorality was on the increase, especially since the war, but few definite facts, such as tables of illegitimacy, delinquency, etc., were mentioned in proof. The report of the Helsingfors Inquiry Committee quoted an answer from a young Pole to the question "What principles should a Christian young man formulate as a guide to his sex life and relationships?" "In my judgment a young man can practice sexual intercourse, but always on the basis of mutual affection. I cannot understand for a moment turning the thing into a business; that is to say paying money for the privilege. However, a young man should wage a battle with himself and not give up continency unless the struggle threatens to exhaust him or does not give him the victory." This answer suggested a certain moral confusion which even idealistic youth felt.

While prostitution was frequently mentioned in the groups, it was generally held to be "but a small part of the problem." However, many groups asked that the Y.M.C.A. take an active part in the campaign against regulated prostitution.

An Egyptian delegate particularly stressed the seriousness

of the situation in his country in the matter of masturbation, homosexuality and the various perversions, attributing the conditions there to the tendency, in Mohammedan lands, to sequester girls and women, thus creating an abnormal attitude in sex matters. Many delegates from other countries, notably Germany, expressed great concern over similar prevailing practices of youth, but failed to express more than general opinions and furnished little concrete evidence as to actual conditions.

The American representatives seemed particularly concerned about petting, especially mentioning this in connection with the habit of young couples going on long rides together in automobiles. English delegates did not understand what "petting" meant. Attempts to define it revealed that the word might mean much or little.

The craze for eccentric forms of dancing was also an object of concern to some, as it seemed to them to indicate a consuming lust for sex excitement. This last point was brought up by a Danish delegate and strongly endorsed by those from India and Egypt, who declared that in the East as a whole, modern dancing is considered very obscene. The Anglo-Saxons, however, did not seem to find in dancing anything to cause undue alarm.

(E) VENEREAL DISEASE.—A delegate from the United States stated that American youth were more interested in the higher and more positive values of sex life than in the lower, and were more concerned in the question of what constitutes right relations between the sexes before and after marriage than the problem of illicit intercourse or the diseases arising from it. This seemed to indicate a tendency to reject pathology for ideals. However, in another group there was a request for literature on the terrible effects of immorality.

THE OUTSTANDING CAUSES OF THE PRESENT DIFFICULTIES.—Such on the whole were the general tendencies and practices in modern society which seem to demand a vigorous and courageous facing of the whole question and which obviously

worried and concerned the delegates who came from all the corners of the world to share each other's problems and to seek such help and light as they could from the experience of other countries and alliances. They therefore proceeded to list the various causes for the unsettled sex situation. Of course it must be remembered that the extent to which these causes are operative differ in some degree in the various countries but all of them came into the picture somewhere and most of them everywhere.

(A) SEX STIMULI IN OUR MODERN WORLD.—The report of the Helsingfors Inquiry Commission mentioned that "the present age seems to have all the various sex problems of the centuries in addition to a few which are peculiar to itself"; and, further, "our modern society contains many unusual stimuli to sex emotion which seriously complicate the life of old and young alike. For example, modern literature abounds in exposés of sexual freedom and exploits the eroticism of the present day. In its worst form this becomes pornography."

The cinema was also mentioned in this connection, and attention directed to the tendency of young people to idolize film stars. However, the report stated: "there is no unanimity concerning the influence of the cinema on sex matters. Apparently, however, some boys themselves do not consider the 'movies' to be the chief influence on their thinking in the sex relationship. One such group in the United States listed the influences which made for questionable practices in the relations between boys and girls in the following order, putting the 'movies' last: 'boys themselves, girls, lack of parental discipline, companions, public attitude, papers and magazines, movies.' "

Dancing was also included as one of the important sex stimuli of the present age. A South African boy defended it thus: "Dancing is perhaps one of the most healthy forms of amusement which we have for young men and women, providing familiarity for mixing, loss of self-consciousness and familiarity," but as we have already pointed out, the Oriental

delegates at Helsingfors stated that the East as a whole considered modern dancing obscene. The Anglo-Saxon, however, did not seem to find in dancing anything to cause undue alarm. One of the boys' groups at Helsingfors took a vote on dancing, and of the thirty members, twenty-three voted that dancing was good, if wisely supervised, while seven could not see any good at all in it.

Some of the delegates felt that present tendencies in women's dress created trouble for many, but in one group it was suggested that "the amount of clothing was not so important as custom. Anything unusual aroused expectation." Of course, the changes that are going on in the dress of women vary with different civilizations. (Compare, for instance, Mohammedan lands with European countries. What might be offensive in one country is the accepted order in another.) There are, further, many who affirm that the more recent developments in dress are in the interests of the better health of women and in the end make for more wholesome ideas of sex on the part of both men and women alike. There were some echoes of the "nude" movement in Germany, where certain groups have recently been affirming not only the right but the physical duty of both sexes to associate together in complete nudity, and it was maintained that what might be perfectly proper for tropical peoples of a low degree of civilization was not necessarily proper for highly civilized peoples in a less equable climate.

(B) ECONOMIC FACTORS.—Repeatedly in the replies to the original questionnaire and in the discussion at Helsingfors, reference was made to the influence of economic factors on conditions in the realm of sex.

For example, many countries stated that early marriages were economically impossible. In Italy, said a delegate, the economic difficulties in the way of marriage are so great that the couple no longer thinks about them and the young home is equipped only with courage! While the sex instincts are not diminished in power, the age of marriage seems to be con-

stantly rising with the increasing standard of living, except perhaps in India. In India, so said one of the delegates, their problem in the sex question was not due to the impossibility of early marriages, since early marriage was the prevailing traditional practice.

In this connection, Chinese students were asked, "If you are not married, would you like to be? Why?" The following answers were reported: "The majority of the students prefer to postpone marriage until after they have finished their studies. They say they do not desire marriage and give as reasons that they are too young or that they are too poor, or that marriage interferes with their careers, in addition to wanting more time for study. A small percentage confess that they desire marriage and they give as reasons 'a happy home,' 'it is the custom,' or that they want descendants. Some of them wanted to marry because it would be good for their health, and others did not want to marry because marriage would not be good for their health. (These answers open up an interesting field in sex hygiene. Apparently some things need to be explained to them.) They were prepared to delay marriage until they were more mature than would ordinarily be the case. They frequently quoted from Confucius and said that a man should marry at thirty and a woman at twenty."

During the discussions at Helsingfors a Scottish delegate spoke with great earnestness of the low wages paid to girls in department stores and factories as a reason why many become prostitutes. In another group, however, it was pointed out that sex immorality was by no means confined to the very poor, but seemed particularly prevalent at the extremes of the social ladder—the very rich and the very poor. Others would probably be inclined to attribute to the craze for luxury the readiness of many young women and girls to sell their bodies. The existing housing situation, especially in Europe, was also stressed as a contributing factor. Polish, Scottish and German delegates in particular commented on the serious effect of huddling whole families, men and women together, in one

or two small rooms, with the resulting want of privacy and modesty, and one group commented on the fact that home conditions were such that many girls no longer cared to entertain their boy friends in the homes. What, asked one group, can be done to satisfy the craving of young men and maidens for each other's company, who, on account of housing conditions, cannot meet in the home?

Further complicating factors of an economic character were the larger leisure time, due not only to the general reduction of the hours of labor but especially since the war in European countries to often desperate conditions of unemployment. Another factor was the economic independence of women, which relieved women from the necessity of contracting marriages in order to secure a meal and lodging ticket. While the changed condition of woman, making her a "heartless competitor" with men in business and industry, was mentioned, no details were given as to the exact way in which this reacted on the general problem of sex relationships. Listing some of these economic factors, we find the following:

- (a) Postponement of marriage because of poverty or desire to make a career.
- (b) Inadequate housing facilities.
- (c) Rising standards of living and insufficient wages to maintain them.
- (d) Unemployment.
- (e) Craze for luxury.
- (f) More leisure time resulting from recent labor laws.

(C) SOCIAL TENDENCIES.—Certain social conditions were also particularly stressed as factors in the existing situation. Perhaps the most outstanding condition so mentioned was the growing emancipation of women, the active participation of the latter in politics, business, etc., and their ever increasing success in attaining an approximate social equality with man. While this development was looked upon with favor in many countries, in other countries it was resented as weaning women

away from what was considered their own proper realm—the home.

Modern civilization also, it was pointed out, tended to throw the sexes together in business and industry, sometimes as partners and often as rivals; they were trained together increasingly in co-educational institutions; they went on “hikes” or tramps together, especially in Germany, where some of these wanderings through the forests often lasted for weeks at a time; they engaged in the same sports—and increasingly did so on the same basis—and bathed together at the great beaches. Some of the delegates at Helsingfors feared that this constant propinquity tended to diminish the modesty and reticence of the women on the one hand, and the chivalry of the man on the other.

On the other hand, Egyptian delegates commented on sex disasters in Egypt, and traced these disasters not to the growing propinquity of the sexes, but, as already intimated, to the age-long tendency in Mohammedan lands to sequester women and girls from the men and boys, thus creating an unwholesome attitude on the part of the latter if not also on the part of the former. An American Indian complained of the policy of seclusion pursued in Indian schools, and said it led to dangerous and pathetic moral wrecks in later life. In another of the boys' groups, it was pointed out that, in some parts of Switzerland, boys tended to avoid too friendly relations with girls, since such friendliness was often interpreted as inevitably meaning engagement. The French and Swiss boys in this group expressed a desire for more opportunities of association.

A further interesting comment on this same line was made in one group where it was pointed out that often the very efforts of parents to keep the sexes apart led them to seek surreptitious meetings which were not always wholesome. Another social condition mentioned and to which reference has already been made was the breakdown of the family with the accompanying lack of parental control. One group stated

that because of the existing social and economic conditions both the parents were frequently away from home much of the time, and the children were left to themselves. The inevitable tendency was for the children neither to seek nor take much counsel from the parents. In another group, it was complained that there was an increasingly wide gulf fixed between the older and the younger generations in the home, and that many children found it quite impossible to discuss sex matters with their parents.

In certain countries, such as Russia and Egypt, the streets were full of urchins or waifs, either orphaned by war or famine, or else deserted by their parents; they ran wild, making a living as they could, and always encountering the gravest temptations in the field of sex.

The report of the German National Council on the questionnaire mentioned the fact that a complicating aspect of the situation in Germany to-day was the great surplus of women over men, due to the death of two million men in war. French delegates at Helsingfors agreed that this was also a significant factor in their country. In this connection the booklet "Youth" said: "Of course it may be argued that this excess of women over men should make it increasingly easy for men to marry, and thus to avoid some of the temptations which might beset the celibate. But, on the other hand, it must be remembered that the same excess practically precludes for many women the possibility of marriage, and consequently makes them bolder to seek and to find what they can by way of sex gratification." The only country which actually sent statistics on this point was Finland, and here, in spite of war and revolution, the excess female population is comparatively small. In 1920 the total number of males was 1,660,230 and the total number of females 1,704,577. In this connection, it is well to add that not a few expressed their alarm at the unwonted sex-aggressiveness of girls and women in our modern age.

One other factor frequently mentioned was the artificial

character of our modern civilization, no longer dominantly rural but urban. The report from Madagascar touched on this point when it stated that "the psychological effects of the crisis of puberty are less pronounced in that country than in Europe, undoubtedly because the facts of reproduction are no mystery for the Madagascar boy, and consequently when he reaches the age of fourteen he does not have the rude and disconcerting revelation which is the lot of a boy of his age in France." The Spanish report also raised a similar question as to the respective significance of a primitive and a refined civilization to sex matters when it suggested that "the further we advance, the more immorality increases." Nevertheless, it may well be questioned whether the moral situation in rural districts to-day is noticeably superior to that in our great cities.

(D) MODERN SCIENCE AND SEX.—Another cause of the existing unrest in sex matters was the new knowledge of the rôle of sex in human life revealed by the modern sciences. While it was pointed out that youth was too often ignorant of the most obvious physiological processes or had secured too much of the wrong kind of information concerning sex from the "wise guy," it was also noted that the spread of certain new theories had done much to change the general attitude on sex matters. For example, frequent references were made to the influence of the psychology popularly known as Freudian, which stressed the mental and spiritual dangers of the mere inhibition of desire. By some this type of psychology was deemed extremely dangerous.

There was, however, little if any evidence of the influence of modern physiology with its emphasis on the ductless glands and the theory of hormones. Thus while both psychology and modern physiology seem to provide some intellectual grounds for those who maintain that man is, within certain limits, powerless in the face of the demands of the sex impulse, the mastery of which, if pushed beyond certain bounds might become deleterious, the concern of the Helsingfors was more

with modern psychological than the physiological theories. Nevertheless, it was apparent, in the course of the discussion that doctors disagreed as to the value or harm in certain practices. One group, in view of the importance of this point, asked that the various delegates report for their respective countries, and it was found that in almost every country there was at least a minority of doctors as well as other people who believed that sexual intercourse, licit or illicit, was necessary for health, while in some countries, *e.g.*, Egypt, there was a majority. The whole uncertainty of the proper relationship between continence and sublimation thus raised many questions for modern youth.

In connection with the new knowledge on sex matters, some attention was directed to the prevailing theories of moral relativity. The report of the Commission stated that "the contacts of various conflicting cultures with one another in our modern world have tended to diminish faith in any absolute moral standard." Certain delegates were overheard commenting on the significance of the fact that we were discussing the sex problem in the country which was among the first to bestow the suffrage on women, and also in which a great scholar, Professor Westermarck, compiled his monumental work on the "History of Human Marriage," in which book the greatest conceivable variety of sex standards are set forth.

(E) REMOVAL OF FEARS AND RESTRAINTS.—Whatever may be said as to the right or wrong in the use of contraceptives, frequent allusions were made to these as effecting a new basis for the sex ethics of to-day. There were some echoes of recent American writers, notably Judge Lindsey of the Juvenile Delinquent Court, who have indicated that the growing knowledge of contraceptives had completely changed the moral situation for many youth and required the development of a new sex code. No longer were youth deterred from indulging their passion by reason of the fear of such unfortunate consequences as "babies." It was not without significance that

some of the strongest utterances on this point seemed to come from the United States where books on contraceptives and the spreading of information on the matter even to married persons are specifically forbidden by law.

Prophylactic methods had also removed certain of the worst fears, even though it might be still open to question how completely the promised safety was real. (In one group when prophylaxis was being discussed, an American delegate stated that he did not think that the Y.M.C.A. should do anything in the matter of giving boys and young men prophylactic help. This should be left entirely to the civil and military authorities.)

A third fear which is diminishing might also be mentioned although it was not touched upon either in the preliminary Inquiry or at Helsingfors, except in very general terms. Some countries reported a growing tendency to condone sex laxity in modern society. While, of course, this varies according to the social circle and the community, there is a fairly general abandonment of the attitude which puts the scarlet woman on the pillory or permanently shuts out of good society the indiscreet. No longer did many people believe in holding the illegitimate child in disgrace, and there were many who frankly defended the moral right of any woman who was fitted physically, mentally and economically to do so, to have a child by whomsoever she chose.

(F) SPIRITUAL TENDENCIES.—Any list of causes would hardly be complete without specific reference to spiritual and religious tendencies in our own day, and their repercussion upon the moral situation. The fact that a changed attitude towards religion often implies a changed attitude towards the moral standards sanctioned by religion is evident to-day not only in Christian lands, but also in so-called non-Christian lands. Thus, in China, the introduction of Christianity is regarded as a fundamental cause of the threatened disintegration of the old Chinese home, while in India, Christianity is blamed for the breakdown of the old code of morals.

But what is true in these "non-Christian" lands is equally true of "Christian" lands. Here according to the report of the Commission one discovers a marked indifference to the Church, even on the part of those from whom one would expect the most pronounced signs of religious devotion. The growing attitude has seemed to many to make religion superfluous and organized religion boresome. A contributory factor to this attitude towards the church has been the new political freedom attained by many people from their ancient rulers; formerly church and state seemed to be one and hence the political freedom recently attained has spelt to many of these new nations complete freedom from the authority and sanctions of the church as well. This was mentioned by delegates from such countries as Esthonia, etc.

Some of the delegates felt that the failure of modern youth to feel any great sense of sin, or to be indifferent to any future, whether in this life or in the next, made them more determined to enjoy the passing moment as the opportunity might offer. The current philosophy of hedonism, scepticism, fatalism, naturalism and the general assumption that man was primarily an animal and must live as an animal, did not provide the type of soil in which the spiritual flowers of reticence and temperance and self-control could grow. Many, too, it was claimed, consider Christianity as an essentially ascetic religion, since, as was stated in a paper provided by the Helsingfors Inquiry Commission, "Christian teaching has seemed at times to interpret chastity in terms of celibacy, and until the days of the Reformation to regard even marriage as a concession to the flesh."

WHAT ABOUT IT?—Such was the world situation which gradually became clear to the delegates at Helsingfors, and as they viewed it, they were at once solemnized by its manifold and universal seriousness and the way in which it was inextricably involved in almost every realm of the complicated life of modern civilization.

Some reacted at once with practical suggestions for action,

but many of them seemed to others of dubious value. Among these crusaders were those who would have the World's Alliance—

- (1) Take a firm stand against regulated prostitution.
- (2) Oppose all birth-control or contraceptive devices.
- (3) Institute a campaign against pornography. On this point three or four specific proposals emerged:
 - (a) that natural alliances should petition governments to act, especially where these governments control book-selling as in the railroad news stands of Germany.
 - (b) that the proper department of the League of Nations should be encouraged to act on international trafficking in vicious literature.
 - (c) that the American Alliance in particular should urge the production of cleaner films in that country, and seek to prevent the exportation of bad films to Oriental countries since many American-made films were international nuisances.
 - (d) that every national alliance should foster a more drastic censorship of books, films, etc.
- (4) Seek the prohibition of alcoholic drinks and narcotic drugs.
- (5) Conduct an anti-tobacco campaign.

Some of these measures seemed to be the voice of a very small minority, and no effort was made to discover just how many thought which of these measures were more important or more stupid than the others.

Others urged an increased program of physical activities and coöperation with various other organizations, specially the Y.W.C.A. and specially in the development of social enterprises, such as parties, hikes, meetings and camps, where boys and girls, young men and young women, could mingle in a normal and wholesome way.

There seemed, however, to be a general agreement that some system of sex education should be universally promoted not only for boys and young men, but also for parents and leaders including some homemaking courses for young men and women meeting together, although here there were many warnings against dangers to be guarded against. Some warned against wholesale sex education conducted in large meetings, and maintained that in this work the smaller the group the better; some questioned the value of doing anything in this realm by amateurs, while others feared the one-sided emphasis of the "expert." Still others felt that sex instruction should be incidental to and arise from the regular program whether in physical work or religious activities. Again, some feared that over-emphasis on this problem might keep out of the Christian life boys whose training had been such as to keep them from sexual temptation, but even those admitted that this danger was trifling in view of the overwhelming number for whom this was a burning question. Many also warned against the danger of unduly and unwisely exciting boys sexually in such presentation.

There were, however, frequent remits to the World's Alliance either to produce or to indicate to the National Councils suitable literature dealing with the sex question and intended for

- (a) Youth itself,
- (b) Teachers and leaders,
- (c) Parents.

Such literature should be at once informational and inspirational and selected by competent persons, and should take cognizance of the fact that different countries require different types of literature to meet their distinctive needs.

Many other suggestions were thrown up in the course of the discussion and the World's Committee is now considering the best ways and means to use in addressing itself to a problem at once so universal, so critical and so complicated.

The only official pronouncement of the Conference on this point was as follows:

“The Conference has ample evidence that members of the Association as well as boys and young men in general are influenced by the intensified interest in, and wide publicity given to what is called the sex question. It behooves the Association to press upon parents the obvious duty of including accurate knowledge of sex life as one of the vital elements in the education of young people and to unite with Christian Doctors and Teachers in finding the best methods of imparting scientific truth in a Christian setting and in providing and making available suitable literature whenever needed on this subject, affording help on the one hand to parents, teachers and Association Secretaries, and on the other hand presenting facts to boys and young men for their guidance. It requests the World's Committee to collect, study and disseminate the best available experience of other Christian bodies working in this field. The Conference declares that the solution of this problem in the individual life cannot be found in knowledge alone but requires with it the power of Christ.”

WHAT SHOULD OUR PROBATION STANDARDS BE? *

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It has been said that we are in a period of reaction in this country as regards social policies and measures. This opinion is supported by facts such as decreased public appropriations for welfare agencies, less constructive social legislation in recent years and lessened interest in radical democratic movements. I do not believe that the reaction is either permanent or general. A truer estimate indicates that in certain directions our social progress has been temporarily retarded first by the war and post war conditions, and as a corollary by our very prosperity and a certain recurrence of excessive individualism, personal and national, demanding self protection, "safety first," at the expense perhaps of social progress.

In no field has this tendency of the times been more pronounced than in the recurrent demand for greater severity in the treatment of crime. In some quarters this has expressed itself in demand for a return to primitive measures of indiscriminating severity amounting to retributive vengeance upon all offenders. One man expressed his views by the serious proposal that all criminals should periodically be put on a boat, taken out to sea and sunk "without a trace."

The reaction against what some of the popular anti-crime crusade articles call "excessive crime," (implying, I suppose, that a moderate amount of it is not only necessary but rather desirable to relieve the boredom of too excessive goodness) has shown itself in crime commissions, lengthening of penalties and other repressive legislation, and severe criticism of

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The close relationship of probation to the legal and protective measures of the social hygiene program makes this paper most pertinent.

parole, the indeterminate sentence, and probation, all classed together with prison "coddling" as products of sentimental sympathy for the criminal and dangerous humanitarianism at the expense of public safety and more especially of the rights of property.

What is the reason for this development? It is not due to the crime wave. There is not the slightest evidence of an inundating wave or tide of crime sweeping the country. There is not even adequate statistical evidence of any general increase. There are facts on the other side. The Chicago Crime Commission statistics show no increase in major crimes in the past seven years. Arraignments in New York's largest Criminal Court, trying all felonies, have not increased appreciably in twenty years. Increased cases in the lower courts seem to be due entirely to new crimes: automobile, traffic violations, prohibition cases, drugs. There are fewer prostitutes before New York and other large city courts. According to figures compiled by the Children's Bureau there has been a marked decrease in juvenile delinquency cases before the courts of a majority of cities studied. In New York City the actual decrease in juvenile delinquents annually before the court has exceeded 3,000 in the past ten years. I cite this in passing because it has a decided bearing on our subject. Probation and other preventive social work have not increased crime. On the contrary the courts where it has been best organized and conducted have, in general, shown the greatest decrease in cases.

The demand for greater severity and opposition to social measures is part of a general reaction and is due in a measure to misdirected publicity. The sensational press started it. The newspapers generally followed and certain popular magazines joined in. Primitive reactions of fear and retaliation followed. The unthinking demand that punishment be "swift and sure" as the only possible preventive of crime. But this easy vicarious method we are told by criminologists with an historical perspective, has been tried, in fact has been the

general rule in the past, and it has always been found wanting, both as a preventive and cure of crime.

We still have a crime problem; let there be no mistake about that. We have always had it in this country—no more now nor as great in proportion to population as in colonial times, but still far too much of it.

Of late we have developed special problems. Increased social restrictions, city life, increased freedom granted the young, the broadened activities of girls and women, the pursuit of pleasure, inordinate wealth, the automobile, lack of parental control, lack of moral and religious training, certain undesirable amusements unknown in the past, such as cheap movies, all these have increased crime; while on the other hand social agencies and regulative, preventive and protective measures, education, organized recreation, all these have decreased crime.

That crime has not greatly increased, in spite of the many modern factors making for it, is due to our development of constructive social measures to control and combat it. Had these measures been developed and strengthened to anything like the power and efficiency they should have, we would see, I am convinced, an enormous decrease in crime and all that goes with it.

Much of the criticism of constructive scientific measures like parole and probation is justified, not as to their theories, but as to methods and lack of standards. Probation is simply the application of social diagnosis and individual, social treatment to suitable cases. It is not "letting off" with "another chance." It is trying out under constructive discipline that protects society as well as the offender. It is a substitute for discharge or "suspended sentence" as well as for unnecessary, undesirable confinement which when unnecessary, injures the delinquent as well as those dependent upon him, besides, incidentally being a heavy expense to the state. Real probation is substituting for prison walls, the restraining, uplifting influence of a fine personality. A real probation officer is one

who understands, encourages, and helps while guiding and watching in friendly, fraternal supervision that provides so far as humanly possible, for the man or woman, the boy or girl of good intent and manifest potentiality of development, the conditions, the soil for normal growth and fulfillment. But the public does not know that much, far too much, that masquerades under the name of probation is a spurious article. It is so in every field,—in religion, in medicine, but far more here than in these established professions because probation has developed in less than a quarter of a century and has grown like Topsy, largely unaided and unregulated.

Dr. Miriam Van Waters in her standard setting book "Youth in Conflict" puts it exceedingly well: "To the new type of social worker, seeking to learn the art of human helpfulness, is entrusted a supreme opportunity. Upon them it depends whether society will continue to 'try out' humanitarian theories and principles like probation and parole, or whether medieval darkness will again sweep our courts and institutions. A swelling tide of disrepute threatens to engulf much social work already in existence for delinquents. The public cannot know that probation, as conceived by students of human behavior, has never been applied to any large area for any length of time. The public cannot be expected to know that 'giving another chance' or turning out of the courtroom with admonition, is not probation; probation is contact with a constructive personality, who is enlightened enough by nature and training to be able to translate the findings of scientific research into action useful for social treatment, and to induce growth. Knowledge far outruns practice. There is no longer reasonable doubt that delinquency could be checked, practically eliminated from the normal population, if a sufficient number of social workers would dedicate their lives to the application of the scientific knowledge of behavior we now possess."

Having then in mind the newness of the work and the difficulties it must contend with, as well as the responsibilities and

importance of probation as the most social and constructive method we have for dealing with delinquency, what are some of the standards we should urge and in fact insist on in both juvenile and adult courts in large cities and rural counties as well?

1. *Adequate Personnel.*

Probation without an adequate number of trained efficient officers of good personality for the work is false economy and not only ineffective but dangerous to society. And yet a large majority of probation offices are deficient both in the number and quality of their officers. The following are minimum specifications:

- (a) *One officer to supervise not more than 50 probationers on the average.* If the officer also makes preliminary investigations, he should supervise proportionately less.
- (b) *Both men and women probation officers.* Men to handle men and the older boys, women to care for women and girls and young children.
- (c) *Probation officers entering the work to have at least high school education and at least one year of case work experience or training under supervision.* The Federal Civil Service Commission at the recommendation of the National Probation Association has fixed practically this standard for all candidates for the new position of probation officers in the Federal Courts.
- (d) *Salaries to be reasonably adequate*—a little better than a living wage. In cities, from \$2,500 to \$3,000 should be paid to secure the requisite persons. There should be periodic increases up to a fair maximum with a retirement pension system optional at 60 under certain conditions and compulsory at 70.

2. *Adequate investigation of cases before placing on probation.*

So far as possible all criminal cases should be investigated before sentence. The investigation should be thorough, embracing previous delinquency record, home, family and neighborhood conditions, habits, interests, personal characteristics of the delinquent. A written report should always be made to the court.

3. *Physical and psychiatric examination of all defendants before placing on probation where there is indication of a special need.*

It would be well if every serious offender could be thoroughly examined before disposition by the court. The clinic and the probation officers should work in close coöperation.

4. *Thorough case work supervision of all persons placed on probation.*

The recognized standards of good case work should be carried out. Frequent visits to the home, assistance and guidance to the individual and family as the case demands, dealing with employment, schooling, recreations, moral training and personal and family relationships. In addition the probation relationship demands frequent contacts to ensure acquaintanceship and personal guidance. To this end I favor a well regulated reporting plan.

5. *Adequate records and statistics and reports of the work.*

Good case records, reports to chief officers or judge, reports to a central state agency, annual reports to the public.

6. *Coöperation with all assisting agencies.*

Use of social service exchange if available, case conferences with other agencies, utilization of professional and volunteer services.

7. *Presenting the work to the public in all available ways.*

The judge and the chief probation officer should especially share in this.

8. *Supporting and aiding where possible all other measures for prevention and care of delinquency.*

Are not these the minimum standards that we should ask in every probation office? Can there be any doubt that such work in all of our courts dealing with delinquency would be far more effective than the work done to-day? Can there be any doubt of the practical economy of this service, when even such probation as we have to-day shows good results here and there and an immense saving over an equal amount of institutional confinement?

Probation should be really tried. It should be given a fair chance. It must be developed as the most hopeful, constructive, practical method of patient treatment for the majority of delinquents where the case does not require institutional confinement, namely the young, the early offender, of fairly normal mentality and personality. The need—the opportunity—was never as great as to-day. In the words of Dr. George Kirchwey: “We shall do something about crime. That hardy annual, the Crime Wave, is our opportunity. As we now lead the civilized world in crime, so shall we lead it in the understanding and wise treatment of crime.”

SURVEY OF A VICE DISTRICT IN THE MIDDLE WEST

LESLIE L. LEWIS

Committee of Fifteen, Chicago, Illinois

At the request of a local social welfare organization of Blanktown, Illinois, two experienced investigators of the Committee of Fifteen of Chicago made a four-day survey of the segregated district of that town and report as follows:

We reported to Mr. Doe, Director of the organization which sent for us, and he told us that the open segregated district of the town lay in the territory bounded by A Street on the north, B Street on the south, C Street on the east, and D Street on the west. We were informed that the Mayor, who had been convinced by one of his police officers, a former chief, that segregation was the only way in which to handle commercialized vice, had laid down a policy which, it was his theory, would eventually entirely eliminate commercialized vice without scattering it to the residential districts. The principal rules which he laid down were as follows:

1. Each madam must register at police headquarters all the girls whom she employed in her house. This register would contain their names, aliases, ages, the place from which they had come, etc.

2. Every girl inmate must register personally at police headquarters and must notify the police of her comings and goings. She might leave the district or the city only with the permission of the police.

3. Each girl must be examined by vaginal smear every two weeks and by Wassermann test every month. Girls whose tests or smears gave positive reactions were not to ply their trade during the infectious period.

4. There must at no time be any music in any of the recognized houses of prostitution.

5. Signs such as hotel signs, furnished rooms, boarding or lodging signs were prohibited.

6. No girls under the age of twenty-one years might be inmates.

7. No new girls were permitted to come into the district; *i.e.*, when a girl left, her place might not be filled.

8. No soliciting might be done from doors or windows of houses.

9. Street solicitation was prohibited.

10. Places of assignation and "call" flats were prohibited.

These include the principal reglementations of the Mayor. We were supplied with a list which was said to comprise all of the houses of prostitution and all of the inmates thereof. Twenty-two places and sixty-four persons, both inmates and keepers, were listed. Armed with this list we set about after supper on April 20, 1926, to "make the line."

We first went to an Army and Navy store where the clerk told us there were some very fine girls just across the street in the Arthur Hotel. This was an auspicious start, for the Arthur Hotel was not on the list with which we had been supplied. Accordingly we visited the hotel and found three girls seated in the parlor, who solicited us to prostitution without any ado. From this hotel we went to another place which had been recommended to us by a street loafer, also not on the police list. In this place, a sumptuously furnished home, we found three girls and a forty-year old woman. On the walls were full length pictures of nude women. The keeper, a comely woman, asked us if we were looking for any particular girl. When we told her we were just "sight-seeing," she explained that things were very slow and that one girl had just come to her from St. Louis; that expenses were high and that a good part of their revenue went to keeping on the good side of the police.

From here we went to a saloon where eight men stood in the back room talking to three girls, an electric piano rendered its tuneless synchronism and on the wall hung a half-dozen pic-

tures of nude women in various uncomfortable postures. Here one of the girls solicited us to perversion and told us she had been in Blanktown nine months.

In the next place we found five patrons, two of whom were obviously under twenty-one years of age and appeared to be high school or college boys. From place to place we went, visiting in the first evening thirteen places each within a few steps of the next.

In one place a girl, whom we recognized as a former Chicago prostitute, told us that Blanktown was an easy town to work in and that her trade consisted of "lots younger and nicer fellows than in Chicago." A keeper told us that she had left Chicago because prostitution in towns without a "line" was too difficult to finance.

When we stopped for a cup of coffee in a cafe in the "district" two girls appeared from the rear of the place and solicited us. On leaving the place we were accosted on the street by a tall German girl who told us that her father was a bootlegger and told us many of the current events in the line. She said that a number of her younger patrons had deserted her for a house in which perversion is practiced. In another place we were cursed roundly for being "sight-seers." At midnight we knocked off. The next day, starting after supper we continued our rounds down one street and up another; in door after door the red lights shone. In all these places the blinds were drawn and from one-third of them the strains of music emanated. Along the railroad tracks were four shanties; in the door of each stood a girl beckoning to passers-by. In one place several men were dancing with the inmates of the houses while the others looked on and applauded. A "tincanny" piano supplied the music. In the next place there were several girls who offered to practice perversion. Most of the places visited during these four days were wooden frame buildings, squalid, dirty, and unsanitary. Three or four of the higher class, so-called, were ornate cottages or bungalows.

In the average open parlor houses were three girls and a keeper, although several were found in which there were six girls and several in which there were five and several with only one girl. A number of call houses were found where there were no girls but where the landlady offered to call girls for us.

In all, thirty-eight places were visited, all except three lying within the boundary of the so-called segregated district. Twenty of these thirty-eight were not on the police list. Ninety-six inmates, including keepers, were found, as compared to the sixty-four registered with the police. It should be noted here that the total population of Blanktown is 60,000 persons.

In several instances girls were found who had recently come to Blanktown. In sixteen places of the thirty-eight, music was being played and sixteen of the total number visited were conspicuously labeled "Hotel" or "Rooms." Eleven girls were found soliciting in the doors during these four nights, six soliciting in the streets, and of eighty patrons, seen in the houses, sixteen appeared to be under twenty-one years of age. In fifteen places facilities were offered for assignation and eleven of the ninety-six inmates offered to practice perversion. It will be clearly seen from the foregoing that every one of the Mayor's regulations was flagrantly violated.

It doesn't seem logical to believe that a place operating as a house of prostitution on the second floor of a building should be unknown to the police when the first floor of the building appears on their list and is regularly visited. This is particularly true in small buildings, yet several instances were noted where one side of a building would be found on the police list and the other side running openly unlisted. Truly, there are none so blind as those who will not see.

EDITORIAL

WE ARE "THEY"

We often hear paternalism deplored and its effects decried, yet is it not a direct result of the constant reiteration of the great American bromide, "*They* ought to *do* something about it"? Perhaps a series of typical conversations will illustrate how this comes about.

Two men were discussing the press, while hurrying through their luncheons. "It's awful," remarked one, "the way our newspapers fill their front pages with the nasty details of divorce cases. Why I'm almost ashamed to have my children read them." His companion answered with no hesitation, "Yes, you're right. They ought to do something about it." "They sure had," was the enthusiastic retort of the first speaker.

In the same manner a group of women met to consider objectionable literature and theatrical productions, decided that the newsstands and theaters of their town were offending public decency in the exploitation of unsavory magazines and shows. "The success of one degenerate play leads to the production of even worse ones," protested one earnest matinee attendant. "Yes," agreed one of her friends, "and some of the magazine publishers are certainly going as far as they dare in publishing off-color stories and illustrating them." The remainder of the group chorused, almost in unison, "*They* ought to *do* something about it."

Similar casual and formal gatherings in various parts of the country are giving much conversational attention to these questions and most of them seem satisfied to leave the solution to a mythical and, seemingly, all-powerful "they." "They ought to do something about the movies." "They ought to do something about the American divorces in France." These and many more "they oughts" are heard on every side.

The force of public opinion is mighty but, to be resultful, it must be expressed. The mayor of a great city recently called together his department heads and consulted with them on how best to fight salacious literature. There was no reason for believing that he would not have taken this step at an earlier date if even a few representative citizens had complained.

Certain of the nation's outstanding newspapers have confined their accounts of unsavory divorce proceedings to inside pages, omitting the most revolting details. Other members of the press might readily adopt a similar policy if several subscribers indicated a desire for the change.

One of the main reasons cited for the alleged failure of the "play jury" system for supervising New York City's theatrical productions is that the citizens will not make complaints to the proper authorities. The whole course of action is predicated on the receipt of such a complaint and no one appears willing to take this necessary step for putting the wheels in motion.

Every citizen is entitled to good government and the environmental safeguards which go with it, but each owes a duty to aid in the conduct of that government. If "they" fail to deal adequately with various situations, we cannot fairly discard all responsibility for resulting conditions for, in this democracy, we are "they." It is not enough to echo the refrain "*They* ought to do something about it." A much more logical and helpful course is to ask one's self, "What can *I* do about it?", and then, after thinking it through, to *act*.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
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Parental Education.—The Bureau of Education, Department of the Interior, has revised its Reading Course No. 21, "Twenty Good Books for Parents." The course is intended for individual parents or for parents who wish to form a reading circle for the consideration of the problems of childhood and youth. A certificate signed by the Commissioner of Education will be issued to anyone completing the course according to requirements.

In selecting the books the Bureau was of course limited so that it was necessary to omit many books of value. Recent publications on various aspects of child life were chosen: these include early development, health, moral training, adolescence, and the unusual child. A few books have been included for the purpose of keeping parents in touch with the school problems and the trend of modern education.

The list of the 20 books suggested is as follows:

"Mothers and Children." By Dorothy Canfield Fisher.

"The Fruit of the Family Tree." By Albert Edward Wiggam.

"Concerning Parents, A Symposium on Present-Day Parenthood." New Republic Company.

"The Child: His Nature and His Needs." Children's Foundation, Valparaiso, Indiana.

"Understanding Our Children." By Frederick Pierce.

"Play in Education." By Joseph Lee.

"Wholesome Childhood." By Ernest R. Groves and Gladys Hoagland Groves.

"Is Your Child Ready For School?" By James Frederick Rogers, M.D.

"When Children Err." By Elizabeth Harrison.

"(The) Health of the Runabout Child." By William Palmer Lucas.

"Parents and Sex Education." By B. C. Gruenberg. The American Social Hygiene Association.

"Talks to Mothers." By Lucy Wheelock.

"Training the Toddler." By Elizabeth Cleveland.

"(The) Job of Being a Dad." By Frank H. Cheley.

"School and Home." By Angelo Patri.

"(A) Schoolmaster in the Great City." By Angelo Patri.

"Sex Education." By Maurice A. Bigelow.

"(The) Home-Maker." By Dorothy Canfield.

"(The) Problems of Childhood." By Angelo Patri.

"Shackled Youth." By Edward Yeomans.

The Illegitimate Child and the Father.—In an article titled "What of the Father," which appears in the bulletin of the Child Welfare League of America for December 15, 1926, Joseph H. Crowley, attorney, Cleveland Humane Society, considers the relation of the illegitimate child and the father. He points out that literature of illegitimacy is replete with information about the unmarried mother, but there seems to be little available information about the father. A newly awakened interest in him was shown at the last National Conference of Social Work, he reports. During the year of 1925, 281 cases were closed in the Unmarried Mother Department of Cleveland Humane Society, the majority of them did not however originate that year.

The average age of the man in these cases, where the age is recorded, is 19.8 years, ranging from 29 under 21 years to one 70 years old. As to nationality, the records disclose that of a total known of 226, there were 62 native born white, 86 negro, and 78 foreign born representing 21 different nationalities. Forty-five different occupations were represented, from common labor, factory labor, through skilled labor and trade, to the professions, not excepting prize-fighting which contributed two exponents. Twenty-one men accused married the mother of the child, and in one case the man's mother adopted the child; 26 men made voluntary settlements, 21 were arrested through police court, 20 through justice of the peace courts and of those arrested fourteen settled before trial, 7 were tried and convicted, and one was

acquitted. In 33 cases the man's identity could not be learned, in 37 it was impossible to prosecute because of the inability to arrest the man accused, and in 5 cases it was impossible because of the promiscuity of the girl, to establish paternity, and in 22 cases the man fled the jurisdiction before arrest.

Mr. Crowley points out that the most significant thing about the records, and he believes it universal, is the meagreness of the information about the man involved. This is due largely to the fact that the man is usually unwilling to submit to questioning by the worker; too often the unmarried mother knows little or cares nothing about him; and nearly always contacts made with him or his family are negligible.

The man's reaction to the charge of being the father of an illegitimate child is interesting. In terms of legal defense it resolves itself into three ordinary forms: (1) Alibi, that is that he did not know the girl or that he was never with her when the alleged relations took place; (2) that other men also are involved and (3) impotency. The second defense, coupled with the double standard of morals is, perhaps, the greatest obstacle to the marriage of the unwed mother to the man responsible who is free to marry her. The next reaction on the part of the man seems to be to settle the matter as cheaply as possible. The man who cheerfully assumes his obligation is as rare as the man who exerts every effort to avoid it. The normal reaction is to find the cheapest and easiest way out of the difficulty.

Ophthalmia Neonatorum.—A new order has been issued by the Ministry of Health in England on the notification and treatment of ophthalmia neonatorum. It had been found that the system of dual notification by medical practitioners and midwives, in some instances, resulted in complete failure to notify. The minister has, therefore, issued amended regulations under which the duty of notifying a case of ophthalmia neonatorum is placed solely on the medical practitioner in attendance upon the case. In addition the County Medical Officer of Health must be notified by the Medical Officer of Health of a Local Sanitary Authority within twenty-four hours after the receipt of the notification. Midwives are now exempt from notifying but they are still required (1) to summon medical assistance in all cases, however slight the inflammation of, or discharge from, the eyes of a child, and (2) to send notice immediately to the Local Supervising Authority

that such assistance has been sought. The order includes details concerning the prevention and treatment of the disease.

British Medical Association Annual Conference.—The Edinburgh meeting of the British Medical Association in 1927 will include among its sections one devoted exclusively to the venereal diseases and their problems. The question of including such a section formed the subject of debate at the 1926 Representative meeting, and there was reasonable opposition raised that the multiplicity of sections made it difficult for members to be present and to hear all those papers in which they were interested. The venereal diseases might have been included in the Medical Section, but discussion would have been without that special consideration which venereal disease experts would wish to give it.

Sexual Continence.—In presenting the principle of social hygiene to the public, the British Social Hygiene Council found it necessary to make a definite statement on sexual continence and published the following statement in March, 1926:

“The British Social Hygiene Council are of the opinion that: (1) In the interests of the race and of the individual it is essential that the stability of the family in marriage be preserved, and social habits and customs should be adjusted to this end. (2) There is overwhelming evidence that irregular sex relations, whether in married or unmarried, lead to physical, mental and moral harm. (3) There is no evidence either from physiology or experience that for the unmarried sexual intercourse is a necessity for the maintenance of physical health. (4) There is no evidence either from psychology or from experience that for the unmarried sexual intercourse is a necessity for the maintenance of mental health.”

Social Hygiene Activities in Cincinnati.—Dr. William S. Keller, President of the Social Hygiene Council (The Cincinnati Social Hygiene Society) reports the following outstanding features in the social hygiene program of Cincinnati:

1. Special attention has been paid to character education work in the secondary schools. In four of these schools a short course has been given in connection with already established work in general science, biology, home economics and physiology. A woman physician

has met with the girls and the executive secretary has instructed the boys. Over 1,200 boys and girls have received this instruction.

2. Another feature of the year's work has been the organization and supervision of study groups of parents, and the preparation and publication for their use of a series of leaflets upon sex and character education. Twenty-one groups were organized and completed the course. The lessons treat of sex and character education in early childhood, later childhood, early adolescence and later adolescence. They have been enthusiastically received, not only locally but in several other parts of the United States where persons have heard about them, secured copies and organized study groups, using the leaflets as a guide.

3. The society has continued to furnish speakers for parent-teacher meetings when requested, and also secured from the State Board of Health the film, "The Gift of Life," which was shown to twelve different parent-teacher groups, totaling about 2,000 members.

4. The Social Hygiene Society assisted in the exhibit of medical science at the Medical College by furnishing a large number of social hygiene pamphlets for distribution and by arranging for the showing of a film entitled "Modern Diagnosis and Treatment of Syphilis," loaned for the occasion by the American Social Hygiene Association.

5. Under the auspices of the Cincinnati Social Hygiene Council, Dr. Max J. Exner, director of educational measures of the American Social Hygiene Association, was brought to Cincinnati for a series of lectures. Eight different groups, composed mostly of community leaders, were addressed. Over 600 people attended these lectures.

6. During the year the appointment of a woman probation officer in the Municipal Court made it possible to withdraw one of the Social Hygiene Society's court workers. Fighting the venereal diseases by means of law enforcement and medical measures is an important part of a social hygiene program. The past year the society has coöperated more actively than heretofore in the special clinic operated by the Cincinnati Board of Health. This has been made possible by placing one of the former court workers in the clinic for part of her time, where she is doing a definite type of social service work.

Child Marriages in Pennsylvania.—The problem of child marriages in Pennsylvania is considered by Arthur Dunham, Secretary, Child

Welfare Division, Public Charities Association of Pennsylvania, in an article which appears in "The Family" for January, 1927.

The number of child marriages during 1924 was measured and determined, with the coöperation of Russell B. Tewksbury, acting registrar of the Pennsylvania Bureau of Vital Statistics, by the Child Welfare Division. It was found that 521 child marriages took place in Pennsylvania during the single year of 1924, all of which were marriages in which the bride was under sixteen. No case of a groom under sixteen was found. The number is, of course, Mr. Dunham points out, a distinct understatement of the problem. In the first place, it represents only those girls under sixteen who applied for a license and had parental consent. It is difficult to say how many more cases there were of girls under sixteen who falsified their ages in order to secure the license without parental consent. The real problem of child marriages is that each of these child brides has a lifetime before her and every year during which she lives there are other child brides entering marriage at the age of fifteen or less. With the aid of census tables and actuarial life tables it was estimated that approximately 21,000 women now living in Pennsylvania began their married lives as child brides within the last 36 years, that is since the census of 1890.

Not only is the welfare of the child brides involved, but the welfare of the husband and the children who are born to them. Of the 521 child brides 441 were fifteen years old, 72 were fourteen, 7 were thirteen and one was only twelve. The husbands of these children were of the following ages: 8 were only sixteen years old, 23 were seventeen, altogether 169 of the grooms were under twenty-one years of age. Most of the grooms were, however, much older than their brides. Only 45 of the child brides were foreign born.

Not all of the child marriages turn out unhappily, yet all too frequently it was found that they were bound up with feeble-mindedness, delinquency, exploitation of children, or other grave social situations. The facts of these findings apply to other states as well as to Pennsylvania, no doubt.

Report of Social Hygiene Committee, Massachusetts League of Women Voters.—Dr. Helen I. McGillicuddy, executive secretary of the Social Hygiene Committee of the Massachusetts League of Women Voters has prepared a report of the activities of the Committee for

1926. Among the groups addressed were the Leagues of Women Voters, Parent-Teacher Associations, Women's Clubs, Girls' Clubs, Welfare groups, social and clinical workers, public health groups, the Florence Crittenden League, and other organizations.

The conventions attended included that of the National League of Women Voters, International Policewomen's Association, Massachusetts State League of Women Voters, Massachusetts Parent-Teacher Association, the Annual Meeting of the American Social Hygiene Association, the Annual Social Hygiene Conference, and the New England Health Institute at Concord, N. H.

The total number of lectures given was 88 and the number of those who attended the lectures was 6,587. Some of the places addressed were: Boston, Andover, Cambridge, Holyoke, New Bedford, Lancaster, Newton, Northampton, Watertown and Greenfield—all of them in Massachusetts. Places addressed outside the state included St. Louis, Missouri; Cleveland, Ohio; Concord, New Hampshire; and Atlanta, Georgia.

Child Welfare League Holds Eastern Regional Conference.—The Child Welfare League of America held its Eastern regional conference, January 7 and 8, at Philadelphia, Pennsylvania. The program included discussion of a training program for children's workers, the psychiatric approach as a means to understanding the individual, and as a means to protecting him in his civil and social rights. Six round tables discussed the following subjects: sex education for children receiving foster care, institutional care of children, co-relating education for dependent children, planning for professional advancement of staff members, the keeping of agency population statistics, and adoption.

Venereal Disease Control in West Virginia.—Although over 9,000 persons are now being treated annually in the 13 venereal clinics of West Virginia, the control of syphilis and gonorrhea is not progressing as it should because the activity of these clinics is limited to treatment only. Ada L. Coddington, Associate Director, Bureau Venereal Diseases, points out that every venereal disease clinic needs on its staff, in addition to doctor and nurse, a family worker whose duty is that of keeping in touch with every case until cured, going into the patients' homes and locating other possibly infected members of the

family with a view towards providing treatment, (in this way children infected with congenital syphilis are usually discovered), and in learning through friendly contact with infected girls, the conditions in the state contributing to delinquency, and helping to restore unfortunate and wayward girls to lives of respectability.

Huntington is the only city in West Virginia that has a social service worker in the venereal clinic. Richwood, West Virginia, has a community social worker who has also given the venereal clinic in that place some cöoperation but her work is not primarily concerned with venereal disease control. In Huntington the social service worker has been able to have placed under treatment many persons who would otherwise have remained unreached. Charleston, W. Va., although treating more persons in its city clinic than any other city in the state, has not yet provided a social worker.

An extensive anti-venereal campaign has been carried on among the men of West Virginia. H. E. Bon Durant, field worker, Bureau Venereal Diseases, reports that he has lectured to 63,285 men and boys during the past seven months. Lectures have been delivered to 189 audiences and the films, "The Gift of Life" and "Venereal Diseases" have been exhibited to 205 groups. Most of these audiences were mass meetings of boys and men in colleges, clubs, Y.M.C.A.'s, shops, mines, and factories located in the central and southern part of the state. The venereal diseases alone were not discussed, but the broader field of social hygiene was stressed. Anatomy, physiology and hygiene are discussed together with the ravages of venereal diseases and instruction on building a healthy body is given. The field worker was consulted by 1,123 young men on matters pertaining to marriage as well as the care and treatment of venereal diseases. Through this means, hundreds of cases of venereal diseases were revealed together with the sources of infection. The most glaring source of infection was usually found to be the open "red light" district. In one county 138 boys and men named a well-known vice district as the source of their infection, while only eleven had contracted venereal diseases elsewhere throughout the county and state. The number is, of course, only a small percentage of the actual infections contracted in this district. The travelling prostitute in West Virginia is another great source of infection. The situation is made more difficult by the non-reporting on the part of physicians. Quackery exists in its worst form.

The "Relation of Venereal Disease to West Virginia Industry" is discussed by Dr. David Littlejohn. He cites a railroad check up on losses caused by syphilis; the study showed that of thirty-five cases in which the original diagnosis had been non-venereal and varied from rheumatism to ununited fractures, that these on the final check-up gave a positive diagnosis of syphilis. From these cases there had been an actual loss of time amounting to 13,946 days, with a total money loss of \$50,711, to the company.

Feeble-mindedness and its relation to prostitution is another problem to be faced in West Virginia. An institution is needed for the care, treatment and training of the mentally handicapped rated as "feeble-minded." They are left to shift for themselves and consequently become delinquent. Boys become robbers, thieves, rapists, and sometimes murderers. The girls when brought into the Juvenile Court are almost invariably afflicted with a venereal disease contracted from men of mature age who have taken advantage of their feeble-mindedness. If not given institutional training these girls become hardened prostitutes.

Maternal Mortality in the United States.—The Children's Bureau recently sent out an analysis of maternal mortality in the United States for the present century which shows that the United States has a maternal mortality which is among the highest in the civilized world, and that very little decrease has occurred since the beginning of the present century. In fact, the figures show on their face an actual increase in the maternal death rate since 1900 of 3.6 per cent. Careful analysis and justifiable correction enable Dr. Woodbury, however, to make the statement that there is a "very slightly downward trend" since 1900. It is further shown that the United States ranks with such countries as New Zealand and Chile in having the highest maternal death rate, while there is a formidable list of countries which have rates less than one-half of the United States. Actually more than 20,000 women lose their lives yearly in childbirth.

Conference on Venereal Diseases.—A regional conference of venereal disease control officers and clinicians was called by Surgeon-General Hugh S. Cumming and was held under the auspices of the United States Public Health Service, the New York State Department of Health, New York City Department of Health and the American

Social Hygiene Association at the Bellevue-Yorkville Health Center Building in New York City, January 20.

The meeting was opened by Thomas Parran, Jr., M.D., Assistant Surgeon General, who had charge also of the administrative section of the conference. Dr. Edward L. Keyes, President of the American Social Hygiene Association, was chairman of the clinical section. Papers read at the conference covered the diagnosis, treatment, standardization of cure of gonorrhea in the male and the female, and of vulvovaginitis. Follow-up work, the coordination of and the value of cooperating agencies to a clinic, and the problem of ophthalmia neonatorum were discussed as well as clinical and administrative problems.

The speakers included Matthias Nicoll, Jr., M.D., Commissioner of Health, New York State; Louis I. Harris, M.D., Commissioner of Health, New York City; Henry A. Fisher, M.D., of Brooklyn, and Albert Pfeiffer, M.D. The complete program follows:

Conference of

VENEREAL DISEASE CONTROL OFFICERS AND CLINICIANS

Held Under Auspices of

UNITED STATES PUBLIC HEALTH SERVICE
NEW YORK STATE DEPARTMENT OF HEALTH
NEW YORK CITY DEPARTMENT OF HEALTH
AMERICAN SOCIAL HYGIENE ASSOCIATION

Bellevue-Yorkville Health Center Building
325 East 38th St., New York City, January 20, 1927

9:00 A.M.

Meeting opened by Thomas Parran, Jr., M.D., Assistant Surgeon General.

Address—Matthias Nicoll, Jr., M.D., Commissioner of Health, New York State.

Address—Louis I. Harris, M.D., Commissioner of Health, New York City.

Clinical Section—Edward L. Keyes, Jr., M.D., Chairman
Ten-minute papers on the diagnosis and treatment of gonorrhea
Each paper to cover:

1. Diagnosis. 2. Treatment. 3. Standardization of Cure.
 - a. The Male—Nathaniel P. Rathbun, M.D., New York City.
 - b. The Female—George Gray Ward, M.D., New York City.
 - c. Vulvovaginitis—B. Wallace Hamilton, M.D., New York City.
-

12:30 to 2:00 P.M.

Luncheon—given by The American Social Hygiene Association

2:00 P.M.

Administration Section—Thomas Parran, Jr., M.D., Chairman
Follow-up Work—Henry A. Fisher, M.D., Brooklyn.

The Coördination of and the Value of Coöperating Agencies to a
Clinic—Miss Eda E. Affeld, Secretary, Committee on Venereal
Diseases, Charity Organization Society, New York City.

Ophthalmia Neonatorum, a Neglected Problem—Albert Pfeiffer, M.D.
General discussion of clinical and administrative problems.

Social Hygiene Meeting in Italy.—At the fourth national congress of the Societa italiana d'igiene, Professor Sangiorgi of the University of Parma, discussed the means of combating venereal diseases. He pointed out that a "prophylactic spirit" was lacking in Italy in the crusade against venereal contagion. In the army, the medical department has been practicing individual prophylaxis on an increasing scale, and as a result the number of men infected was reduced from 11,700 in 1922 to 5,040 in 1925. The congress took action on the national accord subscribed to at the convention in Brussels by thirteen nations with regard to the medical aid to be given sailors of merchant vessels of the signatories when infected with venereal disease.

Causes of Sex-Delinquency in Girls.—Cyril Burt, M.A., D.Sc., professor of education in the University of London, discusses the causes of sex-delinquency in girls in *Health and Empire* for December, 1926. He points out that no elaborate inquiries have been attempted in England analogous to those carried on in America or on the Continent. The cases Professor Burt considers come from four main sources. The first and largest group consists of girls referred to him while they

were still in school and who had since become prostitutes. The second group takes in older cases referred to Professor Burt by magistrates, probation officers, or rescue officers, and some of their previous history has subsequently been traced. The third group consists of a number of girls whose records have been tabulated and placed at Professor Burt's disposal by one or two rescue workers and probation officers. The fourth is made up of a small number of young women specially studied to obtain information about their ordinary habits of life.

Table I shows the chief conditions noted in the family histories, so far as they are relevant to the problem of sex delinquency. The most striking fact is the prevalence of sexual irregularities among the parents and other relatives of the girls. A large percentage of the girls themselves were illegitimate, and in many instances there was frequent sexual misconduct on the part of the girl's father or mother.

TABLE I.

HEREDITARY CONDITIONS.

<i>Parent or Relatives.</i>	<i>Per cent.</i>
Mentally defective	1.8
Dull or illiterate.....	12.4
Insane	4.4
Neurotic or psychopathic.....	8.9
Alcoholic	13.3
Criminal	11.5
Sexually vicious or irregular.....	15.1

Home conditions might be expected to include poverty. Yet among the cases analyzed only a small proportion, 7 per cent, came from families that might be described as "very poor." Generally speaking the emotional or moral atmosphere seems far more important than the economic or material conditions.

Professor Burt's figures for occupations are based not merely on the small group of 113 intensively studied, but also upon a number of short case histories obtained for him by investigators interested in the general problem, chiefly probation officers and social workers. The total number thus classified amounts to 292. As many as 11 per cent were almost permanently unemployed. Over one-third of the girls were in domestic or hotel service, being for the most part housemaids,

parlour maids, chambermaids, rather than kitchenmaids or cooks. Waitresses and chorus girls appeared nearly as numerous. The occupations of the actress and to some extent the hotel servant are precarious and fluctuating; they make easily the acquaintances of new male friends.

Numerous minor ailments were observed in the cases examined, but these were hardly ever sufficient to incapacitate the girl for industrial employment. The most significant perhaps were those which, like

TABLE II.
HOME CONDITIONS.

	<i>Per cent</i>
Homeless (chiefly brought up in institutions).....	15.9
Parents—	
Very poor (below poverty line).....	7.1
Poor (but above poverty line).....	43.4
Comfortable	30.1
Well-to-do	3.5
Overcrowded home	26.5
Father or mother dead, deserted or divorced.....	19.5
Brought up by step-parents.....	8.0
Illegitimate	9.7
Defective discipline at home.....	12.4
Parents vicious, criminal or alcoholic.....	15.9
Child sexually assaulted by parents or relatives.....	5.3
Child has committed or suffered minor misconduct in her own home	17.7

tendencies toward chorea and hyperthyroidism, are accompanied by emotional instability and impulsiveness. An outstanding feature in many cases, about the time of adolescence, the girls appeared overdeveloped, either physically or sexually, or in both respects together. In a small number of cases there was underdevelopment; this lent her a special attraction by encouraging an affectation of childishness.

There is a prevalent notion, Professor Burt points out, that a large percentage of prostitutes are mentally defective. One witness before the Royal Commission on the Feeble-minded declared that 50 per cent of the young women rescued by her were feeble-minded. The term feeble-minded is used in a loose sense; some even declare that the mere

fact that a girl if irreclaimably immoral is of itself a sign of feeble-mindedness or of so-called moral imbecility. Of the cases studied only 12 per cent were feeble-minded. A far larger number were definitely dull and more than half were educationally backward in the technical sense.

TABLE III.

PREVIOUS EMPLOYMENT.

	<i>Per cent</i>
Teachers	0.3
Clerks, typists, cashiers	3.1
Shop assistants	7.2
Chorus girls, actresses, dancers	10.3
Dressmakers	3.1
Seamstresses	4.7
Laundry hands	1.4
Waitresses	11.7
Barmaids	4.5
Hotel or boarding-house servants	8.2
Domestic servants	27.1
Factory hands	7.5
No permanent employment	10.9

TABLE IV.

PHYSICAL CONDITIONS.

	<i>Per cent</i>
Over-developed	9.7
Under-sized	6.2
Premature puberty	4.4
Attractive appearance (present or past)	38.3
Chorea	3.5
Encephalitis	0.9
Hyperthroidism	2.7
Syphilis (past or present)	5.3
Gonorrhea (past or present)	8.0
Minor physical ailments (anaemia, malnutrition, recurrent catarrh, recurrent headache, digestive disturbances, rheumatism, tuberculosis, weak heart, defective sight, defective hearing)	22.1

In assessing the temperamental qualities of delinquent cases, Professor Burt found that in nearly half the cases analyzed one particular instinct seems patently overdeveloped—the sex instinct. This conclusion is in direct opposition to the majority of writers. Lombroso, for example, states that prostitutes are nearly always frigid; Havelock Ellis proposes that it is not an excess but a deficiency of sexual lust that predisposes a girl to prostitution.

TABLE V.

INTELLIGENCE AND EDUCATIONAL ATTAINMENTS.

	<i>Per cent</i>
Mentally defective	12.4
Dull (mental ratio between 70 and 85)	27.4
Backward (educational ratio between 70 and 85)	53.2
Verbalist type	14.2

The sexual experiences of these girls have often begun at an incredibly early age, sometimes while they were still in the infants' department. Even when nothing improper has taken place, the school report declares in case after case that when still a child the girl was "always running after the boys."

TABLE VI.

TEMPERAMENTAL CONDITIONS.

	<i>Per cent</i>
Temperamentally defective	5.3
Unstable	26.5
Over-developed sex instinct	45.1
Homosexual tendencies	6.2
Gluttony	3.5
Bad temper	4.4
Acquisitiveness (including theft)	8.0
Wandering or migration	7.1
Curiosity	5.3
Self-display	16.8
Gregariousness or sociability	14.2
Suggestibility (weak-willed or non-resistant)	6.2
Neurotic (chiefly hysterical or neurasthenic)	9.7
Psychopathic (chiefly borderline psychoses)	7.1
Unemotional or apathetic	4.4

Most of these girls seem to have drifted into the habit of spending most of their leisure time with one male. The man pays; presently grows tired and leaves, or she tires of him. Another takes his place and presently when the girl has no regular friend to escort her and she hankers after recreation, she accepts any casual acquaintance, and if it so happens that the man prefers to make a brief and sure affair

TABLE VII.

ACQUIRED MOTIVES OR INTERESTS.

	<i>Per cent</i>
Bad companions	18.6
Loss of home, character or employment, owing to—	
a. Escapades with male acquaintances.....	2.7
b. Seduction without pregnancy.....	1.8
c. Illegitimate motherhood	5.3
Began deliberately to supplement regular earnings.....	11.5
Began by being kept by a single man.....	15.1
Began deliberately while out of work.....	4.4
Passion for—	
A particular man or male company.....	7.1
Sweets	3.5
Cinema	4.4
Amusements (dancing, theatre, etc.).....	7.1
Clothes or jewelry.....	19.5
Alcohol	6.2
Adventure	5.3

of it and to offer cash rather than to pose as a temporary companion, the girl may give way. The passion for a particular man or for male company on the part of the over-sexed girl is an obvious consequence and leads in many cases to prostitution.

Professor Burt believes that the desire for money has been overstressed in previous studies. Most of the older women impress the casual observer as mercenary to a shameless degree. Yet the money is desired, not for itself, but simply for what it can purchase, namely, dress, drink, dainties, a gay time, and above all immunity from work.

Institute on Parental Education.—The Child Study Association of America conducted an Institute, January 17 to 28, at its headquarters in New York City to meet the growing need for help in organizing

available experience and principles on the part of leaders in parental education. Lectures, round table conferences, and prearranged and directed observation formed the three main parts of the Institute.

Child Labor in the United States.—The Federal Children's Bureau of the United States Department of Labor publishes annually statistics from as many cities and states as can supply them relative to the number of children who have received employment certificates—that is the number of children who have legally entered work during the year. Every year since 1922 this figure has increased, with the exception of 1925. During the year of 1926 these figures again mounted. The facts are that considering only children of 14 and 15 years entering industry for the first time, increases were reported in 8 out of 12 states and in 24 out of 29 cities. These figures of course give no idea of the number of children entering such occupations as farm work, domestic service, street trades, and home work, for which no permits are required.

Venereal Diseases in South Africa.—Dr. H. Gluckman of the Transvaal Social Hygiene Council in outlining the history of venereal disease control in South Africa points out that no active measures were taken until 1919. There was some attempt made during the Boer War in 1885, when venereal diseases were on the increase, to limit infection, but these attempts were mostly concerned with tightening the laws that controlled prostitution.

In 1919 the Union Parliament passed the Public Health Act, one section of which was given up entirely to the question of prevention of venereal diseases in Africa. The Act provided among other things for the establishment of clinics in different parts of South Africa, where the people should be given early, if possible free, diagnosis and also free treatment. It provided, too, for the free distribution of drugs necessary for the treatment of these diseases; this is important as South Africa is a country of widely scattered areas, with only a few centers, mostly mission stations. The drugs are sent to those capable of the administration of modern anti-syphilitic remedies. Those who have not the advantage of necessary experience must fall back on the mercury tablets. Clinics were opened in Johannesburg, Cape Town and other centers. In the first ten months of the establishment of the clinic at Johannesburg, there were 1,200 new patients.

An unencouraging point has been the fact that the attendances of women are smaller compared with those of the men. It is Dr. Gluckman's belief that women only go to get advice when they become gynaecological cases. A great deal of ante-natal treatment has, however, been given.

Maternal Mortality in England and Wales.—According to a report of Sir George Newman, chief medical officer to the Ministry of Health, there were more maternal deaths in childbirth in England and Wales in 1925 than in the previous year, and this in spite of the fact that the practice of antenatal care is decidedly on the increase.

It appears, too, that maternal mortality is higher for the first birth and for the fifth and later births. The comparatively high rates associated with the first birth may doubtless result from inexperience, ignorance, anxiety and the other concomitants of a first experience. Social and family circumstances account for fifth and sixth birth mortality.

Plan Camp School.—The department of physical education of the School of Education of New York University plans to establish a summer school in a camp which will be located on the shores of Lake Sebago in Palisade Interstate Park. All summer schools in physical education will be given in the camp next year. More than thirty courses will be given by a staff of twelve, headed by Professor W. Clark W. Hetherington. The courses are of a professional nature, designed for school administrators, supervisors, and teachers of physical education, recreation and camp workers and teachers in elementary schools.

ASSOCIATION NOTES

Four talks on social hygiene for young women were given by Dr. Edith Hale Swift at the Kansas City Y.W.C.A., January 4, 11, 18, and 25. The organizations sponsoring these talks included the Kansas City Social Hygiene Society, the Girl Scouts, Camp Fire Girls, and the Y.W.C.A. A four weeks' institute for the purpose of studying the problems and programs of social hygiene was also held by Dr. Swift at Kansas City during January. The institute was sponsored

by the educational committee of the Kansas City Social Hygiene Society which is made up of representatives from the following organizations: the Council of Social Agencies, Council of Churches, K. C. Council of Parents and Teachers, Board of Education, Order of DeMolay, Boy Scouts, Girl Scouts, Camp Fire Girls, Y.W.C.A., Y.M.C.A., Kansas City Industries and others. The institute was held from the week of January 6 to the week of January 27 inclusive. While in Kansas City, Dr. Swift also gave a lecture course at several Kansas City Churches, the course being sponsored by the Department of Education of the Kansas City Parent-Teacher Association and the Kansas City Health Conservation Association.

* * * *

During the early part of January Dr. Eugene L. Swan gave several lectures at points within a short radius of New York City. On January 4, he spoke before the Council of Jewish Women in Port Chester, New York, and on January 9, at the Philadelphia (Pa.) Y.M.C.A. Later on he spoke before the Woman's Club at Bogota, New Jersey, as well as the Parent-Teacher Association of the Palisade Avenue School in that city. He visited and talked to students at the Universities of Maine and New Hampshire.

* * * *

Mr. Franklin O. Nichols has been continuing his work with the Negro colleges. On January 12, 13, and 14, he attended the Public Welfare Institute under the direction of the North Carolina State Board of Charities and Public Welfare, Division of Negro Work, held at the Winston-Salem Teachers' College, at Winston-Salem, North Carolina. On the 13th Mr. Nichols spoke on the subject of "A Social Hygiene Program for Negro Communities" and on "The Problems of Social Hygiene." He also visited Johnson C. Smith University in Charlotte, North Carolina, and Livingston College in Salisbury.

* * * *

A new reprint has been published by the Association of the report of the results of the use of mercurochrome in the treatment of gonorrhea by Dr. O. D. Phelps of Worcester, Massachusetts; Dr. William Bierman of New York City and Dr. D. F. Bentley of Camden, New Jersey. Dr. Walter M. Brunet of the Association's medical measures department has written the introduction to the report, explaining outlines used in making the study which was the joint

research of the Interdepartmental Social Hygiene Board and the American Social Hygiene Association. The report appeared as a series of five papers in the Long Island Medical Journal.

* * * *

During the week of January 24th Mr. Ray H. Everett made a trip through the New England states, visiting several of the state capitals and conferred with state and city health officers. On Saturday, January 29th, Mr. Everett and Dr. Walter M. Brunet conferred with the city health officers and clinical physicians of New Haven, Connecticut, on matters relating to social hygiene.

* * * *

Dr. Valeria H. Parker was one of the guests at the New York State W.C.T.U. law observance luncheon, held at the Hotel McAlpin, New York City, January 15th. On January 15th, Dr. Parker addressed the girls of the New York City Friendly Home of the Hebrew Orphan Asylum. Dr. Parker attended the national conference of the W.C.T.U. at Washington, D. C., January 25 to 28 inclusive.

* * * *

Miss Chloe Owings addressed students of Mount Holyoke College on the subject of "Women Police," January 5th. On January 11th Miss Owings gave three lectures at Spring Valley, New York, one to high school girls and boys, one to the woman's club and one to the Parent-Teacher group. She gave a number of lectures under the auspices of the Community Council of Social Agencies at Buffalo, New York, January 25th to 28th.

BOOK REVIEWS

MODERN CLINICAL SYPHILOLOGY. By John H. Stokes, M.D. Philadelphia: W. B. Saunders Company, 1926. 1144 p. \$12.00.

The volume, "Modern Clinical Syphilology," reaches the heights in the assembling and presentation of material. As for style and interest, Doctor Stokes writes as well as he talks—and he talks well! This text is the result of a number of years of experience and observation by Doctor Stokes and his staff at the Mayo Clinic, and, as a record of personal opinion, based upon a large practice, it stands alone in the annals of medical works.

In the past ten years, many physicians have discussed from every

angle the numerous questions involved in diagnosis, treatment, control and cure of patients with syphilis. From the extensive collection of pamphlets, brochures, monographs and books some excellent results have been recorded. Outstanding medical volumes, however, whether in the general field or in some specialty in medicine, are as rare as good novels. When one considers the recent books dealing with syphilis which have come from the publishers in the last decade, few indeed are the volumes which add as greatly to the newer conception of this protean disease, as does this volume of Dr. Stokes. The mass of material, however, has had a most helpful effect in bringing syphilis constantly before the attention of physicians, and, no doubt, their alertness in looking for this infection has been increased considerably.

The book pulsates with vivid descriptions and expressions which are freighted with live and pertinent information. In addition, it sets forth an attitude which is new and refreshing in that it focuses the attention of the physician on the fact that he is dealing with human beings who have syphilis, and not for a moment is the reader permitted to lose sight of this fact.

In the arrangement of chapters the major part of the text is given to the most common lesions, which the physician sees in his routine practice. The sections on early syphilis, cover the primary and secondary stages and their treatment; those on late syphilis cover the skin, mucous membrane and bone, and visceral and cardio-vascular manifestations. A splendid chapter of nearly one hundred pages is devoted to heredosyphilis.

The author states in his preface: "There will be differences of opinion, and these I shall warmly welcome as evidence that the work is performing the foremost purpose of a critical study—to ferment and mobilize rather than merely to crystallize thought. The changing face of knowledge in this rapidly developing field may likewise make to-day's truth to-morrow's error."

The illustrations are abundant. There are 856 sketches, photographs, text figures and other graphic material. These add greatly to the value of the work. Several of the chapters consider phases of syphilis which offer unusual difficulties to the student and practitioner, and in these divisions the subject matter, most skillfully handled, should serve to inspire the desire of physicians to follow these suggestions in their practice.

The bacteriology, pathology and immunology of syphilis are explained in a most interesting manner and no doubt these methods will impress the practitioner as being workable and immediately useful.

One notices the happy absence of long technical dissertations on the complicated and much modified Wassermann blood test. However, the practical interpretations of this valuable test, accompanied as they are with concrete case histories, are very useful.

There are chapters on other phases of the disease, including the public health aspects, clinical organization, social service and follow-up.

The arrangement of the table of contents facilitates the study of any particular point. While there is no bibliography, this does not, in our opinion, detract from the manner in which the material is arranged.

The volume, which no doubt was written primarily for the general practitioner, should serve as a model text book for students. On the whole, this work illumines a path in the trail of this disease entity by which medical science has been baffled for centuries. It is to the everlasting credit of the medical profession that the first printing of this book has been received with such hearty appreciation.

WALTER M. BRUNET, M.D.

HAPPINESS IN MARRIAGE. By Margaret Sanger, R.N. New York: Brentano, 1926. 231 p. \$2.00.

Mrs. Sanger has at last written an acceptable book. The group recently serving as her advisors is to be congratulated upon the degree of moderation, accuracy and balance in her present work. Birth control occupies an essential but not an exaggerated place in the scheme of the book, as in the actualities of modern marriage. In fact, the last chapter, "The Husband as Lover," may have been shifted from a more logical position in order to reduce the otherwise climactic position of the birth control chapter.

The insertion before each chapter of a personal letter (usually a woman's, and usually uneducated) typifying the fears and ignorances the author is trying to meet, is a telling device. She does not, however, answer these letters directly in the text, nor does she often prescribe for troubles once begun. She uses cases as warnings and illustrations.

Mrs. Sanger's advice is positive and preventive, definite, and often

detailed; though usually the more specific suggestions are safeguarded as not universally applicable. By contrast with some such books, the emphasis is refreshingly on the social, affectional, and aesthetic, and when the prosaic medical facts seem necessarily to enter, it is done for the most part briefly.

Except for her attitudes toward sex and parenthood, she shows a romantic conception of ideal courtship and marriage, and withal an implied assumption of her readers' lack of sophistication, which are almost 19th century. It will reach the farther among the great Middle West class, whether it dwell in Ohio, California, or Florida.

Here are her principles for happiness in marriage:

1. Sex attraction, romance, self-sacrifice, fidelity, the single standards of morality.

2. These are not enough. Fear and ignorance must be destroyed.

3. The art of love must be learned.

4. Basic emotional differences of sexual rôle between the sexes are recognized. Courtship is predominantly in the control of the girl, because more apt to be *compos mentis*; during the honeymoon the groom's is the chief ethical and aesthetic responsibility; thereafter the wife guides the domestic bark because of her biological functions and because usually the man has the competitive burden.

5. Marriage should occur within a year of engagement.

6. Physical union is not sinful either *in se* nor when entered for joy only. It may be a symbolic expression and intensification of personal love. Union without mutual passion, on the other hand, is apparently adjudged by her as wrong (seduction or spiritual rapine). This is rather rough on the loving wife whose physique or habitual inhibitions have not yet permitted her to overcome "frigidity."

7. Recognition of the spontaneous rhythm or cycle of physical desire, of moodiness at the premenstrual period and in pregnancy, and of the slower climax and relaxation of the wife in conjugal unions, should break up conventional or traditional attitudes or rules about intercourse. This section should prove very practically helpful.

8. Privacy, or the opportunity therefor, should be maintained, and undue familiarity or prosaic disillusion should be avoided.

9. Maintenance of good looks and personal attractiveness (not necessarily technical prettiness) are a moral responsibility of marriage. Love itself often actually stimulates the physical health and attractiveness it seeks.

10. Marriage is an evolution for each couple rather than a stereotyped state arbitrarily entered upon.

So far the reviewer largely agrees.

11. Two years without parenthood, the first baby in the third year. This doctrine seems pretty drastic and arbitrary. It is implied, not convincingly, that the "mama-papa" relation if it enters sooner than two years tends to supplant that of "lover-sweetheart," and further that this tends to undermine happiness. Her pronouncement of such doctrine, like her concessions to the sex-urgency of the male, may encourage or even help to create attitudes corroborative of the doctrine. Personal tastes, desires and incomes, as well as physical condition, are factors in child-bearing too variable for a general recommendation. It is not inconceivable, moreover, that this period might (assuming competent medical advice) be profitably left to experimentation with methods of contraception until the aesthetic, as well as the physical, needs of the participants had been satisfactorily adjusted. If in the course of such experimentation a child were conceived, the conception need not necessarily be considered unwilling because unwitting.

12. Husband and wife (Mrs. Sanger advises) should plan a number of hours daily for cultivating their own friendship. This smacks too much of a mutual admiration society, and if tried would seldom prove as interesting as the vivid give-and-take of busy lives which usually make it impossible. It is very much like the similar arrangement for mothering by appointment, undertaken by the woman with a profession. Somehow the appointment and the inspiration do not necessarily coincide. All will agree, however, that modern life should not so often be permitted altogether to crowd out from marriage the moments of quiet sharing of inner experience, through reading and conversation.

In further criticism of the book we may point to some minor errors: The assumption that a "natural" rhythm of sex desire is permitted to prevail among "savages"; that the gonad is itself a hormone; that the fallopian tubes "connect with" the ovaries; that marriage is the only source of true contentment. These, like such expression as "unchartered Sea," "exceptionable events," and "perceptive" are outcrops of the earlier Mrs. Sanger.

More important is a failure to integrate effectively the somewhat

cold-blooded medical-social discussion of birth control with the chapters dealing with the romance of conjugal communion. Another weak point is that while the letters of inquiry are from rather simple folk, the text is adapted for rather well-to-do or educated (but supposedly "sheltered," *i.e.*, sexually unsophisticated) people. In view of the range of her probable readers she might well have selected a few cases to represent the difficulties of the over-intellectualized. The intellectuals often need cultivation and release of the emotional nature, quite as much as the ignorant need information.

Individuals show a wide range of difference in aesthetic sensitivity. People's differences in this respect have not hitherto been properly considered; and until they have been recognized, the more delicate the individual's tastes the greater are the chances for unadjustment and unhappiness. There is too great a tendency to consider that, having found a "safe" contraceptive, that ends the problem for that couple. As a matter of fact, there is room for a considerable degree of research and refinement of method and practice, before contraceptives cease to be for some people an intrusive shadow overhanging a normally spontaneous, intimate and unhampered relation.

One wonders, by the way, just what the effect may be of giving self-conscious, objective knowledge in this field in advance of intimate subjective experience.* May it be like the situation of the conjurer who promised to work the miracle if everyone in his audience would be careful during the performance to avoid thinking of a monkey with a blue tail? Many of her suggestions for the art of love are so artful as perilously to approach "How to Kid the Wife," or "How to Hold Your Meal Ticket." "Happiness in Marriage" should therefore be read by one member of each couple in the English-speaking world and concealed from the other. And when your wife suddenly and sincerely and spontaneously caters to some whim, you will think, "Aha! so this is the art of love. She is trying it over on her own piano. Page Mrs. Sanger or Dr. Robinson or Forel!"

Finally, there is still, underlying Mrs. Sanger's work, a scale of values which rather obviously places conjugal joy above parenthood. The child is not thought of as an end in itself, the primary social purpose of the family, but as a symbol of the completed marriage.

* One is reminded of Trigant Burrow's article "Psychoanalysis and Life" (*Journal of Nervous and Mental Diseases*, Vol. 64, No. 3, September, 1926) read since the above was written.

The reviewers are quite willing to recognize the companionate on its own merits as a legitimate and ethical status, but not as a completed normal family pattern, nor as the indispensable preliminary to or dominating element in the child-bearing period.

In her justifiable emphasis upon the need of knowledge in preparation for the relationships of marriage, Mrs. Sanger never mentions, in this book, the need of reading and training both before and after marriage for the social and affectional experiences of parenthood. For example, a happy and successful marriage with children will inevitably have periods of fatigue and strain when the parents will turn all of their efforts jointly in behalf of the children's welfare. The utter unselfishness of each parent in such cases, their overtones of emotional and spiritual insight, and their mutual comfort in the devotion of the other to their children intensifies their love for each other, although the conscious cultivation of marital love has been impossible, or not even desired, at the time. The reunion of the mates after such a period of preoccupation can be doubly precious.

In spite of the book's flaws it is hoped that this review will be listed "plus" by the Book Review Digest.

THOMAS D. ELIOT,
SIGRID W. ELIOT.

NORTHWESTERN UNIVERSITY.

PARENTHOOD AND THE NEWER PSYCHOLOGY. By Frank Howard Richardson, M.D. New York: G. P. Putnam's Sons, 1926. 194 p.

INTELLIGENT PARENTHOOD. Proceedings of the Mid-West Conference on Parental Education, March 4, 5, and 6, 1926. Chicago: The University of Chicago Press.

It seems to be the convention to-day to write books for parents in the phraseology of the current revised Freudianism. The reviewer calls to mind at least a half dozen such titles. If one asks what it is in this method of interpreting human nature, its problems and ways of dealing with them which is of especial worth to parents he is given pause. It is not easy for the layman to understand the doctrine of the "Unconscious" as the controlling agent in life since the professional psychologist finds it difficult to comprehend it. According to the teaching of this new school every experience is deposited in this receptacle, there to remain in harmony or antagonism with its associates and from time to time to break into the "Conscious" with

disconcerting irrationality. By what means could we ever demonstrate or introspect such a process? How can we ever say that man is inherently a rational being, though admittedly not "himself" for most of the time? Why do we set up two such poles of experience as "fantasy" and "reality" and then proclaim, by implication, that if a person cannot be found at one of them he should be looked for at the other? It is to be feared that in this new school of writing and thinking about human nature we have another example of the doctrinaire, the use of explanations which do not explain, atomistic conceptions of mental processes and the laying hold of convenient handles to unknown things.

In the last chapter of the present volume entitled "Everyday Psychology—How it can help fathers and mothers," the author blames the professionals for not doing more when they attempt to apply psychology. Perhaps they ought to be censored, but at least they are not guilty of manufacturing wholesale a lot of hypothetical explanations and passing them on as authentic.

There are not a few occasions in the book in which the Doctor forgets his doctrines and offers homely and sound advice. There are other times, as in the second chapter when he states the greatest danger in our lives is from arrested growth, when his insight is profound. Would that he had kept on with straightforward practical discussion in a field that is avowedly not scientific, throwing in with forewarnings such hypothetical explanations as may seem appropriate for the use of those who seem unable to get on without them.

The Chicago Association for Child Study and Parent Education has presented in this volume a notable collection of papers in this new field of child study and parent education. The student and worker in the movement will find them helpful as affording a cross section of progress, but the lay parent, though intelligent and informed, may find their miscellaneousness a bit taxing and the application to practical situations in home and school somewhat remote. We seem to be in the stage of presenting individual points of view in matters of health, sex education, character education and adolescent guidance. We are not yet agreed on what is fundamental in child culture and parent education. We have not yet begun to make practical application to individual cases and we have no program for getting over to the parent what he most needs. The presentation of material is as yet academic. Since the child study associations have begun to hold

parent conferences one wonders if a more effective method would not consist in presenting type cases and problems and then inviting the "experts" to diagnose and prescribe, or at least to suggest methods of handling problems.

V. M. CADY.

BRIEFER COMMENT

ANNUAL REPORT OF THE SOCIETY FOR THE PROVISION OF BIRTH CONTROL CLINICS. 1925-1926. London, 1926. 16 p.

The year's work of the society includes the opening of three new birth control information centers. Nine centers affiliated with the Society or intimately connected with it are now in operation, three in London, four in the Provinces and two in Scotland. Clinics were held weekly or oftener in the various centers.

CHILD STUDY GROUPS; A MANUAL FOR LEADERS. N. Y.: Child Study Association of America, 1926. 31 p. 25 cents.

Child study groups will find this a very helpful pamphlet. It contains suggestions for planning, organizing and conducting groups for child study. Various methods of approach, procedure at meetings and details of organization based upon sound practical usage are presented and the services offered to groups by the Child Study Association, such as Speakers Bureau, Library, Lectures and conferences are described.

SPECIAL LEGISLATION FOR WOMEN. Compiled by Julia E. Johnsen. N. Y.: H. W. Wilson Co., 1926. (The Reference Shelf.) 142 p. 90 cents.

Reprints of selected articles, briefs, bibliographies and debates on the subject of special legislation for women. The existing legal and social disabilities of women have been given much consideration by social minded and public spirited men and women and means discussed to correct this condition through appropriate legislation. This volume brings together some of the best statements on the subject.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

THE AMERICAN RACE PROBLEM. A STUDY OF THE NEGRO. By Edward Byron Reuter. New York: Thomas Y. Crowell Company, 1927. 448 p.

AN APPROACH TO PUBLIC WELFARE AND SOCIAL WORK. By Howard W. Odum. North Carolina: The University of North Carolina Press, 1926. 178 p.

FAMILY DISORGANIZATION. By Ernest R. Mowrer. Chicago: The University of Chicago Press, 1927. 317 p.

- INFERIOR CRIMINAL ACTS. By W. Bruce Cobb. New York: The Macmillan Company, 1925. 529 p.
- LEGISLATION FOR WOMEN. Compiled by Julia E. Johnsen. New York: The H. W. Wilson Company, 1926. 142 p.
- LOCAL IMMUNIZATION. By Professor A. Besredka. Edited and translated by Dr. Harry Platz. Baltimore: The Williams and Wilkins Company, 1927. 181 p.
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THE POLICIES OF THE NEO-MALTHUSIAN MOVEMENT: CRITICISMS AND APPRAISALS

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Adverse criticisms of the so-called Birth Control Movement are many. Most of them deal with the ethics or expediency of the practice itself. Certain objections are made, however, to the policies or tactics of the organizations or leaders actually carrying on the propaganda. It seems worth while to single out a few of these for critical examination.

The points of criticism selected are (I) The failure to secure organized professional support, (II) the alleged needlessness of propaganda, (III) the negative emphasis of the movement, (IV) the terminology of the movement, (V) the emphasis on tragedies of excessive childbearing, (VI) the overpopulation bogey.

I.

The first and most obvious objection to any new movement is that it has failed to gain support. In this case specifically, the birth control movement is said by its opponents to have obtained the support of no national bodies of women, of

physicians, or of social workers; the three groups from whom support would presumably be expected in such a matter.

This alleged situation needs to be analyzed. The taboo on the subject explains a great deal. The opposition of the very groups who twit the movement with lack of organized backing, has accounted largely for the failure of large bodies to endorse it. In the case of the social workers it is partly, no doubt, the fear of Catholic secession which postpones its recognition. Separate sessions on the subject independently arranged have repeatedly been more heavily attended than regular program meetings with which they conflicted. In Chicago a meeting on the subject for social workers, held at a place not easily reached, was crowded and sympathetic, while the Social Service Club, meeting centrally the same week to hear the president of the National Conference of Social Work, was attended by a handful.

Important regional and functional subdivisions of the medical profession, and of women's organizations, have endorsed the principle, as well as the Federation for Child Study.*

But, waiving these evidences of growing recognition, two points remain: first, that current lack of public recognition does not in itself prove a principle or practice right or wrong in relation to a changing environment; and, second, that the widespread acceptance, successful practice, and harmonious results of voluntary parenthood, even under its public taboo, constitute community support of a more substantial kind.

II.

It is the above situation which lends weight to the argument that propaganda for the practice of birth control, especially the propaganda based upon fear of overpopulation, is

* The writer would like to see the results of a canvass of social workers on this subject, or better yet a canvass of the experience of Metropolitan Life Insurance Company visiting nurses.

no longer needed. Dublin remarks: "Probably nothing that we can do will alter the tendency among the great mass of Americans to reduce the size of their families. Reproduction will, hereafter, be more and more determined by intelligence and restraint." (1: p. 193.) "Even now the practice of contraception is very widespread. There is no other reasonable way to explain the rapid decline in the birth rate in recent decades. . . . Yet certain persons seem to look upon birth control as a new force which need only be generally applied to solve most of our present-day troubles." (1: p. 191.)

Why, then, coals to Newcastle? "Birth-control is here, too widespread already." They say, "Why blare it from house-tops?"

If this were all that the movement represented, it would indeed be unnecessary or possibly pernicious. Birth control need not be, is not being broadcasted. What is needed, however, and what is largely issued by birth control leagues and medical organizations, is propaganda for decent recognition, for decent access and for reputable supervision and *control of birth control*.

III.

Numerous specific tragedies do not justify the broadcasting of birth control methods (cf. 2, p. 2). Many of the harrowing replies to questionnaires and letters from mothers are *ex parte* testimony, hardly valid without further verification (cf. 3, p. 56).

Advocates "have generalized on such observations, forgetting apparently that only a very small fraction of our people are in such a wretched condition and that the great mass are normal, self-respecting folk who do not assume obligations beyond their ability to carry them out effectively." (1: p. 191.)

Representatives of the movement quite generally would agree that the tragedies of individuals do not justify indis-

criminate publicity of contraceptive methods. Such tragedies, however, justify efforts to remove the ban upon opportunities for proper medical advice. Dr. Dublin asserts the desire of normal folk not to exceed their ability to support, but he is a bit complacent about the masses outside his own class. There are probably more tragedies than he realizes of the kind he minimizes and fewer of the kind he stresses. The injurious results which he alleges are probably due to ignorance of proper methods, due in turn largely to the legal and moral stigma still in effect.

The demand for checking up of histories and results is justified. Every clinic should have a social case worker. But the claims of the movement do not rest merely upon anonymous letters. Much is based upon the personal knowledge of physicians. A follow-up study by the Illinois Birth Control League (done since the date of Dublin's address of 1925) gives substantial evidence of soundness.

A mapping and tabulation of approximately five hundred cases made under the writer's direction shows a distribution throughout Chicago, without relation to economic, national or other cleavages, except that relatively few come from the crowded areas. This distribution of the Chicago cases indicates that the claim that the leagues have not yet begun to reach the poor in whose interest they preach, is in some degree justified.

IV.

The birth control movement, it is felt by some, tends to overemphasize overpopulation, both as a bogey and as a cause for poverty and all other evils.

Considering the existing trend in birth control, overpopulation is probably unlikely, even without further effort on the part of neo-Malthusians. In this we may agree with Cooper, Dublin and others. Underpopulation is, however, equally unlikely. Potential fecundity not being impaired,

compensating trends will probably set in to correct any real maladjustment, including even those of racial or national patriotism which seem to be Dublin's chief concern. His own warnings may be considered a part of such a trend and perhaps as a stimulus to such correction as may be really needed.

If, however, Dublin feels so skeptical about the possibilities of persuasion by those of his own way of thinking, it is interesting to ask why should he elsewhere (cf. 1 and 2: p. 192-3) blithely urge the advocates of birth control to undertake such propaganda? In the passage referred to (1: p. 193), he comes very close to saying in so many words that it is hopeless to attempt to persuade Americans not to use intelligence in the regulating of the family, and implies that such use of intelligence means smaller families. He offers no constructive program for positive propaganda. While it is true that birth control cannot be stopped, it seems quite as possible for intelligence and voluntary parenthood to determine large as small families, if intelligence is further used to control the State and the productive process so as to encourage the reproductive process rather than discourage it.

The present writer is in thorough sympathy with the appeals for "fairly good" sized families. "Good" begs the question, however, unless defined in such terms as would be equally acceptable to those who advocate voluntary parenthood. And such appeals have a real chance of effectiveness. On the same page, Dublin offers an objective of population control which marks him as liberal though conservative, and which makes it difficult to see how there need be any difference between his point of view and that of the conservative though liberal policies actually exemplified by several leaders in the advocacy of birth control:

"Excessive breeding should receive scant approval anywhere. We must not aim, at this time, for numbers at the expense of quality, but rather seek to develop a well-organized and happy society. That is the objective which should ani-

mate every student of population, every statesman, and every thoughtful citizen." (1: p. 193.)

Not even this, however, leads Dr. Dublin to a definite program: all he offers is that we abandon "Nordic nonsense," appreciate our new immigrants (or make the best of them) and not permit them to be infected by birth control, because they are as intelligent as we are, and they, too, might practice it.

Dr. Dublin does, however, do injustice to the movement in ignoring those of its defenders who have also protested against the abuse of knowledge, and who have constantly gone on record in favor of as many children as can be properly reared. That so informed a man as Dr. Dublin should be unaware of these writers shows, however, that the movement has also done itself injustice in failing to get its positive phase across to the public.

V.

There is said to be too much tendency to advocate birth control as a nostrum that "makes the eyes shine and the hair curl, perfumes the breath, prevents the trousers from bagging at the knees." The writer is inclined to agree.

To advocate birth control as a panacea is indeed an unfortunate weakening of the proper influence of the movement. Especially it were well if the arguments for birth control based upon overpopulation and upon the prevention of mass poverty were "soft-pedalled."

VI.

Representatives of the movement, in zeal for their cause, have occasionally suppressed testimony and opinion unfavorable to that side (cf. 3). Such special pleading of course weakens rather than strengthens a cause, but it is not all on the side of the proponents. For example, Thompson, of the Scripps Foundation for Population Research, is quoted by

Father Cooper (4) as if he were opposed to birth control. Thompson recognizes, with Dublin, the dangers of birth control and disapproves its selfish abuse on that account, but he is not on that account opposed to the principles of its recognition. It will be noted that the writer, too, accepts several of Dr. Dublin's strictures upon the advocates of birth control. It should also be noted by the opposition, however, that with Dr. Dublin as with Dr. Thompson it is not upon the ethical principle or practice of contraception *in se*, but upon its abuse and upon the policies and fallacies of its propaganda, that their attacks are made.

VII.

The movement is uncorrelated with scientific population research, its propaganda being emotionally based upon hasty and depressing assumptions (cf. 2: p. 39, 1: p. 191). It has even "collected no evidence on which to predicate the measure of (its) success. . . . There is still a large element of uncertainty in the suggested procedures." (2: p. 8.) There is a "necessity for adequate records of your cases, their close follow-up and careful analysis." (2: pp. 9-10.)

It is true that several most active propagandists of birth control have not correlated their work with research in population, but it is hardly fair to ignore in such connections the approval or active support of such men as Field, East, Pearl, and Thompson.

VIII.

A further criticism is leveled against the negative emphasis of the movement. "Nowhere, to my knowledge, has your voice been raised to warn those who, desiring more comfort and ease . . . lose the greatest of all blessings and the source of our deepest inspiration, a family to provide for and to live for." (2: p. 9.) The movement "is deplorably 'anti' in its tone and emphasis, and loses support, consequently, in

many quarters where a more constructive and positive approach would find ready acceptance . . . to avoid having unloved and unlovely offspring; and . . . to adjust births to income (: such) a purely restrictive propaganda directed against overpopulation and crassly abnormal conditions . . . will probably (unless balanced and upheld by more positive purposes and constructive ideals) ultimately stimulate violent and excusable reaction. Such a reaction would endanger the movement's own purposes by excluding it from 'respectability'."*

"Those who engage in this propaganda," says Dublin, "should be urged to follow a more constructive program. One should expect from such people a well balanced theory of parenthood. Instead of limiting themselves entirely to arousing sympathy for those who have suffered from over-large families, they should . . . arouse public sentiment in favor of fairly good-sized families among the rank and file of normal people. They should help to set the fashion, not for large families—the day for that is over—but for families of at least three children and as many more as can be readily and effectively taken care of." (1: pp. 192-3.)†

These criticisms of the movement for its emphasis on restriction rather than positive guidance is well taken, in the writer's judgment, as will be gathered from the quotation of his own essay.

IX.

Criticisms of the terminology and implied attitudes of the movement come from friends of the principle who resent misinterpretation. The terms "contraception" and "birth control" suggest the negative and selfishly restrictive policies or attitudes of which Malthusians are accused.

* Eliot, Thomas D., "The Creation of Souls," *International Journal of Ethics*, Vol. XXIX, No. 2, January 1919, p. 206.

† Dublin repeats the points in his recent article in the *Atlantic*.

“Neo-Malthusian” is too historical and technical: it has no slogan value. Not only is “birth control” privative in implication, but it is not birth, but conception which is controlled.

Positive phrases with a normal and constructive connotation are indeed needed—such as Voluntary Parenthood,* Procreative Guidance, Procreative Hygiene,† Optimum Families. More than the phrases are needed, however, to balance up the program of the birth control movement and the impress it makes upon the public. The writer agrees fully that it should give equal weight to the advocacy and encouragement of simple standards of economic reforms and of child-rearing as a high ambition.

X.

How, say the objectors, can birth control societies know where to draw the line in issuing such instruction? (cf. 2: p. 8.) Even the medical safeguards on its distribution are futile (cf. 3: p. 53) and imply ignoring of morals (6: p. 24).

The matter of medico-legal safeguards is, of course, a moot point within the movement itself. This point, however, is more important in the control of public opinion toward the work than it is in the work itself. Birth control methods are already dispensed by the irresponsible and unscrupulous and ignorant. This may continue, though lessened, when the ban is lifted.

We already trust physicians with responsibility in many other equally vital matters. To assert otherwise would be a gratuitous insult. Surely most of them can be trusted as at present to use reasonably good judgment under laws permitting its freer exercise. Social workers can leave the decisions to the physicians rather than as in the past to politicians, puritans, priests, pharmacists, and panders.

* This is not to take sides between the two American organizations, one of which happens to bear this name.—T. E.

† Credited to Adolph Meyer.

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 6. *Op. cit.*, No. 3 above; Miss A. G. Reagan's Testimony.
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THE ACCOMPLISHMENTS OF THE FIRST INTERNATIONAL CONGRESS FOR SEX RESEARCH

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From October 10-16, 1926, the First International Congress for Sex Research was held in Berlin. It was the first international meeting of scientists to be held in Germany since the War, and in some respects it marks a period in the history of sex research. For the first time a large international group of investigators of the several different aspects of sexuality attempted the pool of common or related problems and results. This pooling proceeded from such various disciplines as pathology, psychology, genetics, serology, endocrinology, sociology, neurology, experimental sex-reversal, eugenics, bio-

chemistry, hygiene and anthropology. These contacts with sex research in its many phases or applications must prove of great value to the nearly 300 delegates or members of the Congress; the possibility of reducing our problems to simpler terms has been advanced; the desire to find some unifying principle or principles, and the means of doing this, have been accelerated. It therefore seems worth while to prepare, for a larger group of interested persons, a short statement concerning the work and accomplishments of the Congress.

The first steps looking toward the Congress were taken by the International Gesellschaft für Sexualforschung (Berlin), and final plans for the Congress were carried out under the presidency of Dr. Albert Moll. The event proved that the coöperation of various groups in Berlin, and also that of the Government of Germany, had been secured. Some possible difficulties of members in bringing into Germany material for their exhibits or lectures were obviated by previous special instructions to officials of the Customs Service. The opening of the Congress took place in the Reichstag. Here the delegates were welcomed by two cabinet officers, and greetings to the Congress were expressed by delegates from many countries, institutions and universities. Various social and medical organizations in Berlin contributed during a week to the entertainment and success of the Congress. These conditions, specially favorable to this conference, would undoubtedly not have been provided for the assembly of investigators in any single or restricted aspect of sex research.

The organization of this First Congress is, indeed, one of its most important features, since later ones will be modelled upon or evolve from it. To the writer it seems most fortunate that at the outset such a Congress was not designed for, or restricted to, any single field of sex study—such as biology, psychology, sociology, etc.—but did, in fact, include the wide range of subjects already indicated above. It is possible that the gates were too widely opened at the Berlin meeting; for

example, in two or three of the papers bearing on population and criminology it was not very easy to find any sex element of consequence. Nevertheless, the rightly prevailing view was that sexuality is the problem of workers in many different fields, and that the Congress is the place for these various workers to be brought together and encouraged to face each other's problems and contributions. Papers on controversial topics were freely accepted, and a fairly free discussion of these was permitted and indeed partly prearranged. German, English, French, Italian and Spanish were the official languages. All important countries except Japan were represented. The program, which included 85 papers, provided for both general sessions and the meeting of special sections.

The division into sectional meetings was made on the basis of groups corresponding to the biological and the social sciences. The present writer, unfortunately, is not competent to select a list of the more important papers of the social science group. Among those presented, however, were the following: The rôle of sexuality in the formation of psychoses (K. Birnbaum, Berlin). Male and female psychic development at puberty (Charlotte Bühler, Vienna). Sex and occupation (O. Neuberger, Munich). Prostitution in Great Britain from the social hygiene standpoint (Z. F. Willis, London). The sexual relation as a social relation and some of its changes (F. Znaniecki, Posen). Sexual motive in religio-mystic experiences of primitive and cultured mankind (J. Kinkel, Sofia). The so-called Eros and homosexuality (A. Moll, Berlin). Sexual delinquents (Gomez, Buenos Aires). Anthropology and sexual science (B. Malinowski, London). Procreation values from the marriage of relatives (M. Marcuse, Berlin). The action of sexuality on the social life of the young (L. Nagy, Budapest). Eugenic sterilization (B. Matjuschenko, Prague; also, P. Popenoe, California). The "modus operandi" of sexual homicides (Ottolenghi, Rome). The sexual factor in the emigrant-problem (R. Michels, Basel-

Turin; also, S. R. Steinmetz, Amsterdam). Criminality and sexuality (R. Villanova, Zaragosa). The diminution of venereal disease in Sweden and what it teaches (J. Almkvist, Stockholm). Sexuality and athletics (A. Mallwitz, Berlin).

Concerning a few groups of papers presented in the biological sections the writer can make a more definite statement. The relation of the nervous system to the sex glands and to sexuality was discussed by four authorities on that subject. Probably nowhere else has this topic been so variously and satisfactorily treated as was done at the Congress under the following titles: The nervous sexual processes (S. Baglioni, Rome). The relation between the nervous system and the sex glands (E. Gley, Paris). Midbrain and sexuality (E. Leschke, Berlin). Relations between psychic and sexual processes (C. Ceni, Cagliari).

That hormone of the ovary which causes the uterus to enlarge and prepare for the nidation of the egg was the subject of a series of papers which throw much new light on that topic. It was reported that the hormone is really a water-soluble one (Folliculin) separable from the ovarian lipoid; that the interstitial cells may take part in its formation (B. Zondek; F. G. Triviño, Berlin); that the presence of the hormone may be studied by the method of tissue implants; that the periods of production of the hormone in the ovary is governed by the anterior lobe of the pituitary (B. Zondek; S. Aschheim, Berlin). Some evidence that the ovarian hormone acts antagonistically to the development of the genital organs of male rats was presented (E. Steinach, Vienna). An entirely new and interesting addition to our knowledge of this hormone was contained in the report (already confirmed) that this hormone is extractable from various *plants* (S. Loewe, Dorpat).

Quite new also was the announcement that the infantile mouse can be made to become sexually mature and produce eggs within a very few days following the implantation of

anterior pituitary tissue derived from other mature animals. The major factor regulating the time of attainment of sexual maturity has thus been found (Zondek and Aschheim, Berlin). It should be added that the same result in the rat was independently obtained in this country, and has since been announced, by Dr. P. E. Smith of Stanford University.

Another group of papers considered the results of transplantation of germ glands and of vasectomy. Improvement of senile cataract in dogs after vasectomy was reported (V. Bergauer, Prague). Helpful ovarian transplantation in the human was rather narrowly restricted to certain specific types, conditions and ages (L. Loeser, Berlin). "Rejuvenation" by vaso-ligation in males and diathermie in females was well recommended (H. Benjamin, New York). All these methods were again strongly condemned (Haberland, Cologne), or subjected to a critical review (Marinesco, Bucharest).

Among the addresses which notably contribute to our understanding of hermaphroditism and of the relation of the germ glands to secondary sex characters were the following: The experimental basis and importance of the conception of "differential thresholds" (A. Pézard, Paris). Concerning germ-gland functions in infancy (B. P. Wiesner, Berlin). Ovariotestes in mammals (G. Krediet, Utrecht). The origin of the male sexual hormone in the testicle (P. Bouin, Strassbourg). The scrotum: A temperature regulating mechanism (F. A. E. Crew, Edinburg). Masculinization by ovarian tumors (O. Berner, Oslo). Hermaphroditism and experimental intersexuality in the fowl (J. Benoit, Strassbourg).

More intimate knowledge of his own communication than that of others may supply a reason for a paragraph on the present writer's paper dealing with: Proofs and implications of the complete transformation of sex in animals. It was reported that the evidence compels the conclusion that sex has been repeatedly and completely reversed, under experi-

mental conditions and rarely by special disease. Also that data obtained from these, and from other cases of partial sex-reversal, show that the rate or level of the metabolism in egg, embryo and adult is the ultimate basis of the kind and degree of sexuality possessed by an individual. This metabolic level normally coexists with a sex-differential in the chromosomes, but the chromosomal difference is not basic or essential. If these points are established we are now in position to search for and find a factor common to the most various studies on sexuality—in medicine, psychology, biology, anthropology, and sociology. For, metabolic levels are not necessarily fixed by heredity; they are highly subject to temporary—or to less temporary—change through the action of disease, occupation, activities, habits, nutrition and other controllable aspects of life. The data now available from medicine, psychology and sociology were cited as being in good alignment with these conclusions drawn from biological and biochemical data. If, in fact, there has been found a common thread capable of binding together these diverse facts of sexuality it is now highly advantageous for workers from these various fields to begin to bring their results into the same forum.

Within at least some of those who attended the Congress there has been born the wish that *National* meetings or congresses might be arranged for the occasional assembly of all those who study sexuality. At present such organizations exist only in Germany and Italy. This is a matter deserving consideration in America.

It would be too much to say that this First Congress received the full support of all those directly interested. First of all, the date selected for the meeting precluded the attendance of many engaged in University teaching. Again, some biologists doubted the value or the advantages of a conference of workers so variously trained and with problems so divergent. Finally, a few investigators, within and with-

out Germany, felt scarcely prepared to meet with their recent adversaries. Both time and the success of the First Congress will help remove these impediments. The papers read at Berlin are now being printed in two volumes. The next International Congress for Sex Research, under the presidency of Professor Baglioni, is to be held in 1929 in Rome.

SURVEY OF GONORRHEAL VAGINITIS IN CHILDREN

CHARITY ORGANIZATION SOCIETY RECORDS

The movement directed towards the acknowledgment of venereal disease as an important social problem was established in 1922 by the Charity Organization Society of New York City. This was actuated by the desire to face honestly—and with frankness,—the increasing incidence of syphilis and gonorrhea in the case load of the organization.

Those who have followed social case work are in full recognition of the connection between venereal disease and social pathology. While it is exceedingly difficult, if not impossible, to scientifically demonstrate any relationship between syphilis and poverty, or between syphilis and the infected individual's subsequent failure to maintain normal social adjustment (according to economic, medical, psychological and social standards of normality); we feel, however, that after a detailed analysis of 574 case records in which either syphilis or gonorrhea, or both, present fundamental problems in the discernible social and physical deterioration and distintegration of families, it is only an intelligent and fair interpretation of this evidence to assume an important analogy between venereal diseases and sociological disorder with all concomitant misfortunes and unhappiness.

The recent survey of the current venereal disease case load brought to light a new angle to an old problem—that of gonorrheal vaginitis in children. When the prevalence of

this infection was learned, it was decided to separate the adult cases of gonorrhea from the female children's cases, and to study the problem in its environmental aspects as well as to evaluate the confirmatory evidence presented by certain recurring social factors in the lives of the infected individuals studied.

The classification of children was made according to age. Three groups were formed for study purposes: those suffering from gonorrheal vaginitis, under two years of age; those between two and eight years of age, and those between eight and fourteen years of age.

It was found that 60 cases of vaginitis were current with children between the ages of 2 and 14 years. Of these 60, 4 were under 2 years of age, 28 between 2 and 8 years of age, and 28 were between 8 and 14 years of age. There were, of the 60 vaginitis cases, only 5 which were not of gonorrheal origin. In each of the 55 cases, the gonococcus was demonstrated. In one case only was a male child of 4 years found to have a positive gonorrheal smear, although many suspicious cases were examined without the gonococcus being found.

While this recent inquiry into the prevalence of gonorrhea in little girls may not, at the outset, seem warranted by only 60 cases, the need for further investigation is substantially confirmed by the reports of clinics, nurseries, camps, courts, etc., where the infection is found to be in close relationship to crowded housing conditions, inadequate supervision, early sex initiation and incorrigibility. These predominating factors are repeatedly encountered in the histories of the children studied.

It is interesting to note that these 60 children were included in 33 families. At this point, we must assemble certain parental data. First, we find that 14 of the parents (5 mothers and 9 fathers), are admittedly sexually promiscuous and that of these 14, 7 were diagnosed mental defectives. Again, we find that 9 of these 14 have a contemporary gonorrheal infection, and 12 are diagnosed syphilitics. Considering, then,

that we have this number of parents manifesting the same infection as the child, the likelihood of a direct extension of infection from parent to child is implied. However, upon investigation, we find that of the 60 children under examination, the following sources of infection have emphatically been indicated:

- 11—Sex delinquency
- 2—Rape
- 8—Infected in institutions other than hospitals
- 3—Infected while in hospitals
- 2—Toilet seats
- 14—Parental exposure
- 20—Unknown

The recurring problem of early sex misconduct is one of which few parents seem to be cognizant, yet of the 11 instances of sex delinquency, we find 6 cases of incest. It is not unreasonable to suppose that these behavior problems can only be solved by an early recognition of precocious sexual tendencies, together with an intensive educational program which will intelligently treat this subject of sex hygiene, not from a moralistic angle but on an honest, forceful, biological basis.

It is significant to note that 28 of these 33 homes present living conditions of filth and unwholesome environment. We have 29 children, all presenting behavior difficulties in the various forms of truancy, sex misconduct, stealing, incorrigibility, chronic masturbation, property destruction and general entanglements of the juvenile delinquent. Many of these young offenders have repeatedly been before the court for their misdirected activities. Sixteen of these girls are chronic masturbators, 6 having developed gonorrheal conjunctivitis as a direct result of pus transference from the genitalia to the eye by medium of the hands.

While it is true that gonorrheal vaginitis in children is not limited to tenement conditions, it must be admitted that in their crowded and unspeakably offensive living quarters,

there is a wide distribution of the disease. The sleeping accommodations, more frequently than not, offer one dirty bed for not less than three occupants. These contacts present a particular medium of infection. The unhealthy and abnormal stimulation of sex excitement among adolescents is frequently demonstrated under improper sleeping conditions.

Without a check being put on direct physical contact in the cases of gonorrheal vaginitis, the incidence of infection will range close to 100 per cent in the female family members. There is a reasonable certainty that out of the 20 cases of gonorrheal vaginitis classified as "source unknown," a close observation of sleeping conditions would stress the necessity for their correction.

We must have educational information on this subject in order to do preventive work. In order to accomplish this, definite recognition of the need for hygienic measures must be sought,—first, to allow treatment for those infected at the present time; secondly, to improve all conditions which have a bearing on the spread of gc. vaginitis, as mentioned above.

It is apparent that an intensive research into the complex difficulties encountered by case working agencies which deal with the problem of gonorrheal vaginitis, will directly clarify the doubts as to the most effective procedure.

Considering the practical importance of correlative data from other organizations, pertinent to incidence, case work approach, etc., we suggest that a survey of vaginitis records be made of the three leading social agencies of New York City, namely: A. I. C. P., Jewish Social Service Association (United Hebrew Charities), and Brooklyn Bureau of Charities.

The grave responsibility the case worker bears, precludes indifference to or ignorance of the control of gonorrheal vaginitis. The data secured from the C. O. S. records are definitely significant of a problem heretofore not unrecognized, but treated with too little vigor. Only with the coöperation of physicians, clinics, case workers and parents of

infected children will the adequate means of protecting little girls from gonorrhea be evolved. With this purpose in mind, an attempt is being made by the C.O.S. to formulate a program as intelligent and effective in prophylactic function as is commensurate with its position and activity in the community.

It is not amiss, in connection with the report of findings submitted in this paper, to draw attention to the progress of social follow-up on the cases herein discussed. There has been a 100 per cent treatment incidence in the gonorrheal vaginitis case load. This bespeaks admirable handling of the cases brought under medico-social control. We now must extend our recognition further, and by systematic endeavor, dispense with false modesty and mid-Victorian attitudes towards a problem which invades our social structure, and which has been so largely kept in the background. Our number of cases recorded is trivial in comparison with the exact incidence, but we have taken the first step to apply the wedge where prejudices, pseudomoralistic attitudes and stupidity will be the first to feel the pressure.

If we seek to rectify the consequences of disastrous and unsound social influences which are primarily the bases of venereal disease manifestations, we shall first have to recognize the tremendous power of sex and its far-reaching complexities. When we, as civilized, intelligent social workers aim deliberately at a fundamental, biological adjustment, we will do more towards knocking the false, romantic mythology of sex from its pedestal than all the puritanical "mumbo jumbo" ever attempted in the interests of society.

Tabular summary of 60 cases of gonorrheal vaginitis studied in the Charity Organization Society follows:

CLASSIFICATION:	Gonorrheal Vaginitis %	Non-	
		Gonorrheal Vaginitis %	Gonorrheal Conjunctivitis %
Cases under 2 years of age.....	4 or 6 $\frac{2}{3}$	.....	1 or 1 $\frac{1}{3}$
Cases between 2 and 8 years of age.....	28 or 46 $\frac{2}{3}$	3 or 5	.....
Cases between 8 and 14 years of age.....	23 or 38 $\frac{1}{3}$	2 or 3 $\frac{1}{3}$	6 or 10

SOURCE INDICATED:

Source unknown, unsuspected	20 or 33 $\frac{1}{3}$
Rape	2 or 3 $\frac{1}{3}$
Sex Relationships	11 or 18 $\frac{1}{3}$
Shelter	8 or 13 $\frac{1}{3}$
Hospitals	3 or 5
Toilet Seat	2 or 3 $\frac{1}{3}$
Exposed to Parents' Infection.....	14 or 23 $\frac{1}{3}$

CORRELATED SOCIAL PROBLEMS (Based on 33 Families Studied):

Absence of Parental Discipline	17
Mental Defectives:	
1. Parents	7
2. Children	10
Masturbation	16
Housing	28
Parents Sexually Promiscuous:	
1. Mothers	5
2. Fathers	9
Children Behavior Problems	29
Parents with Gonorrhea:	
1. Mothers	6
2. Fathers	3
Parents with Syphilis:	
1. Mothers	7
2. Fathers	6

EDITORIAL

NET PROFIT

In the commercial field a going business is usually evaluated in terms of the net profit it shows at the end of stated periods. If this profit continues to be satisfactory to the owners, the business will continue to be operated. If, on the other hand, the business is made both difficult of operation and a losing venture in dollars and cents it will logically be discontinued. These statements hold just as true in the field of commercialized prostitution as they do in other business ventures. The exploiter of sex promiscuity will soon leave, and stay away from, those communities which have good legislation and enforce it.

Where, however, a policy of laissez-faire exists, with sporadic, spectacular spurts of law enforcement followed by weeks or months of police inertia, the forces carrying on the business of prostitution will continue to operate, figuring the occasional fines and other extra expenses resulting from the raids, as normal occupational hazards. They will have to do a larger volume of business, perhaps, to make up for these additions to "overhead." But as long as they can feel reasonably well assured that a fair net profit will be shown at the end of the year, why worry?

Some communities, where the fining system prevails, seem content to continue this policy because of the revenue brought in. The fines virtually amount to a license fee to continue business until the next raid, and their acceptance makes the community a partner in the illegal enterprise. Truly this seems a sale of the birthright for an unusually miserable "mess of pottage." The madam, the procurer, the various other exploiters—these may be satisfied with a net profit despite the fact that their business is illegal and a social

menace. But the community hasn't even a net profit to show for its toleration of illegality and public demoralization. By the time court, police, hospital, and clinic expenses are met, the community ledger will show items in red. The actual financial losses, though, will be but a small part of the real cost for, to ascertain that, it would be necessary to figure in such intangible items as broken homes, flabby community morals, diseased or delinquent children, race deterioration and corrupted officials.

When you see in a community the toleration of prostitution, with its vicious circle of occasional arrest, fine, and release or, as is often the case, the inclusion of such additional factors as treatment for syphilis or gonorrhea, followed by a return to the "business," and reinfection, it is safe to say that the net loss to that community outweighs a thousandfold any income which may accrue from the system. As a straight business proposition the toleration policy is a losing one for everyone concerned save those who are enabled to use it for the purposes of a traffic detrimental to every decent interest of society.

SOCIAL HYGIENE BULLETIN

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Playground Beautification.—The three highest awards of the Harmon Foundation in the playground beautification contest among 189 communities have been won by Green Bay, Wisconsin; La Porte, Indiana; and Stillman Valley, Illinois, according to the Playground and Recreation Association of America which conducted this contest.

The Green Bay Park Commission, the La Porte Board of Education and the Stillman Valley Community Recreation Association which sponsored the playgrounds taking first place will each receive \$500 in cash from the Harmon Foundation and \$50 in nursery stock from coöperating nursery companies. Thirty other communities ranging in population from 800 to 169,000 will receive smaller awards of \$50 in cash and \$50 in nursery stock.

In the numerous local campaigns for beautification, a great deal of community coöperation was inspired, according to the judges. In La Porte, for instance, schools, clubs, business organizations and individuals responded to the call for donations to plant trees or furnish equipment or actually to perform manual labor. The Business Girl's Association gave swings. The Kiwanis Club held a benefit baseball game, from the proceeds of which they donated other equipment. School janitors mowed the grounds and cultivated the trees. With the exception of the fence, which was built by the Board of Education, every dollar's worth of improvement was made with private funds.

The by-products of the contest are notable. In Stamford, Connecti-

cut, practical lessons in civics were held on the playground. Classes studying the subject in the three schools near the playground visited Hyland Field with their teachers and there talked and studied the planting and all that it stands for. The interest aroused by the developing of the play field in Bellefontaine, Ohio, led to two new playgrounds, one set aside by the city council and one purchased by a church. A year-round director of recreation has been employed.

American Legion Posts, women's clubs, school boards, park commissions, civic clubs, Parent-Teacher Associations, commercial clubs, recreation commissions and departments, Lions Clubs, and other groups sponsored the 321 playgrounds entered in competition. Thousands of children had a personal part in clearing the fields, constructing buildings and planting trees, vines, shrubs, and flowers.

District of Columbia Social Hygiene Society Holds Annual Meeting.—The Social Hygiene Society of the District of Columbia elected to its board of directors the following new members: Howard Moran, Dr. Thomas Parran, Jr., Mrs. Otto Veerhof, Herbert S. Wood, Dr. Edith Coale, Mrs. W. P. Roop and Mrs. William C. McNeill, colored woman member of the school board. Dr. Robert Scott Lamb, president of the society, presided and Dr. Margaret Lotto Eck reviewed the work of the past year.

The meeting was addressed by Thomas Parran, Jr., M.D., assistant surgeon general of the United States Public Health Service and William Knowles Cooper, general secretary of the Young Men's Christian Association. Dr. Parran discussed the subject of social hygiene from the standpoint of public health showing that the raising of health standards contributes to the raising of moral standards, and pointed out that liberty is too often confused with personal license.

Both Dr. Parran and Mr. Cooper stressed the need of sex instruction, and the latter decried the tendency on the part of parents to ignore their responsibilities toward their children. Both stated that sex education should begin at home. After the addresses the society passed a resolution noting with approval "the increasing interest in social hygiene shown by teachers and educational leaders in Washington" and at the same time calling the attention of the school board and all others engaged in directing education to "the crying need of still greater effort in behalf of all social hygiene instruction."

Activities of the Missouri Social Hygiene Association During 1926.—

During the year of 1926, the Missouri Social Hygiene Association became a group member of the International Association of Police-women. At the request of the Park and Playground Association a program for financial, publicity and membership campaign was drawn up. The Committee assisted in the promotion of the program on "Our Community and Its Youth." It participated in the development of the Saint Louis Civic Union and endeavored to assist in the promotion of its campaign against salacious literature.

A list of books on social hygiene was prepared for use by teachers at the Missouri School for the Blind. Dr. Harriet S. Corey gave a course of five lectures for teachers at the Washington University summer School. An exhibit on social hygiene was prepared and displayed at the Fourth Annual Convention of Catholic Women at their invitation. Dr. Corey assisted in planning a course on "Modern Marriage" given under the auspices of the North Y. M. C. A. During the year Dr. Corey gave 67 lectures on social hygiene to audiences whose membership totals 3,827. Mr. Charles E. Miner, executive secretary, of the Missouri Social Hygiene Society, addressed 28 groups, with a total attendance of 3,596. Other members also spoke on subjects relating to social hygiene.

The Association's motion picture film was shown 21 times during the year to audiences totaling 1,393. Two thousand five hundred and eighty-three pamphlets were distributed and there were four poster exhibits including a three day display of social hygiene posters and literature at the Greater Saint Louis Exposition.

A comprehensive program has been planned for 1927. It includes educational, recreational and protective, repressive and medical measures.

Women's Co-operative Alliance and Sex Education.—The Department of Parental Education of the Women's Coöperative Alliance of Minneapolis, Minnesota, in its Bulletin for January, 1927 reports progress for 1926. Its program for sex-education includes: (1) Systematic house to house interviews with mothers. (2) Group study and discussion with text and supplementary reading. (3) Consultation on special problems. During the past year, five Parent Advisers have called upon all mothers of children under Junior High school age in the school districts assigned to each. In making these calls

they have endeavored to assist mothers in developing a wholesome attitude towards the subject of sex education. They have tried to give the mothers in these brief interviews such knowledge of facts as seemed timely together with suitable pamphlet literature and sources for giving further information in the best possible way to their children.

The Parent Advisers reported 5,576 calls made and a total of 6,730 homes covered. A census of the homes with preschool or grade age children was secured through calling at every home in the district. There were 4,298 homes with no children under junior high school age. Two hundred and thirty-three homes offered permanent obstacles to an interview due to the mother being employed, absent from the city or ill. There were 2,390 calls which furnished temporary obstacles to an interview because the mothers were either, at the time the call was made, busy or out. There were 1,462 return calls made upon these mothers. In each of these homes was left the department bulletin which explains the sex education program.

The mothers interviewed numbered 1,488. These families included 1,881 children who may be directly influenced through contact of the workers with the home. Over 92 per cent of the mothers expressed their definite interest in sex education as it pertains to children. There were only 63 individual mothers who seemed unconscious of any need and 45 opposed the subject of sex education as presented or who refused any presentation upon learning the Parent Advisers mission.

The parents pretty generally agreed that the responsibility is theirs, although few parents have given much thought as to the method of or the reason for sex education. They filled in a questionnaire prepared for the purpose of tabulating the attitude of mothers and gave concrete information as to what sex training had already been undertaken in the home.

Sex education conferences were organized and conducted in the immediate districts where home calling was done. These conferences were held either in the homes of members or at the school house, according to the size of the group. Twenty conferences with 459 mothers registered resulted from the year's calling. There were 210 or 46 per cent of the mothers registered who completed four or more of the six sessions included in the Introductory Course. Eleven additional conferences were composed of 254 mothers who had been

enlisted by volunteers interested in the program of the district or who were in already organized clubs. There were 146 or 57 per cent of these who completed.

Dr. Thomas W. Galloway's "Biology of Sex" was used as a text for these conferences together with material prepared by the Parent Advisers as the result of their contact with the mothers. An advanced course was also given for mothers in which Dr. Galloway's "Sex and Social Health" was used as the text. There were 84 registered in the five advanced courses with 35 or 42 per cent completing. This course included sixteen sessions. Sessions in both conferences were held weekly to give greater continuity to the work.

In the work of this department 20,394 pieces of literature were distributed. The sale of pamphlets amounted to \$377.50. Mothers were told of the circulating library at the office and were invited to make use of it. Total contacts for the year were 15,932.

Peruvian Antivenereal Conference.—The chairman of the executive committee of the national Peruvian antivenereal conference, held by the medical profession of Lima, Dr. Estanislao Pardo Figueroa stated the purpose of the conference to study preventive and legislative measures for the control of venereal diseases.

It was brought out that the control of prostitutes should be put under the supervision of sanitary bodies and connected with the Bureau of Social Aid. The aid of the police might be useful in enforcing the sanitary regulations, but the police should remain under the orders of the sanitary officers. The police should not take the place of officers who have been scientifically trained. Prostitution, in the opinion of the meeting, was a matter of public health. Illicit intercourse, it was decided, could be checked by educating young people at school and by advice given the pupils by the teachers. This would check premature unsound curiosity. Dr. Parto Figueroa stated that the habits of the Sierra Indians required special regulations. Prophylaxis, he thought, had a place in the Army and Navy; health certificates should be required for both marrying parties. It is believed that compulsory examination should be incorporated in the legislation, as in view of liabilities and penalties which arise from contagion after marriage, it was necessary.

British Social Hygiene Council, Eleventh Annual Report.—The annual report of the British Social Hygiene Council, June 1, 1925, to

May 31, 1926, shows that in England and Wales the total cases dealt with for the first time in 1920 were 1,488,514, as compared with the total cases dealt with in 1925 which were 1,719,148. The ministry obtained a special return from 14 treatment centers which were responsible collectively for about one-seventh of the total cases of venereal diseases dealt with for the first time at all treatment centers in England during 1925. The table presented shows that only 36.9 per cent of syphilis in both men and women are infections of less than one year's standing, while 84.7 per cent of the cases of gonorrhea are recent infections. It is shown that the actual proportion between recent infections of syphilis and the recent infections of gonorrhea that are coming for treatment in England is about three and a half cases of gonorrhea to each case of syphilis, that is 36.9 per cent of 20,943, compared with 84.7 per cent of 30,928.

The figures are an indication of the success of both the government and of voluntary efforts. It is encouraging to note that the proportion of syphilis to gonorrhea in the civil community so nearly resembles the proportion observed in groups of men under discipline, such as in the army or air force. The figures given in the last report of the health of the army show that the cases of gonorrhea to syphilis are in the ratio of 4 to 1.

Venereal Disease in the Ukraine Before and After the War.—In 1912 there were 41.3 cases of syphilis among 10,000 population in the Ukraine, according to *Venereal Disease Information*, December 20, 1926. In 1924, there were 44.9 in 10,000 and in 1925, a total of 122,307 cases was reported. Of this group 13 per cent had primary, 71 secondary and 16 per cent tertiary syphilis. Among the city population, 45.9 per cent of the cases were found, while 54.1 per cent were seen in the villages. The rural population shows the most infection; 25 per cent of the infections are cases of extragenital syphilis. As compared to 1912, more cases are seen in the rural districts, and more recent venereal infections have been contracted. There are fewer tertiary cases as compared with 1912. Gonorrhea is likewise becoming more prevalent in the rural districts, constituting 45.7 per cent of the total incidence.

National Conference of Social Work.—The fifty-fourth annual meeting of the National Conference of Social Work will be held at Des Moines, Iowa, May 11-18, 1927, organized in twelve divisions:

I, Children; II, Delinquents and Correction; III, Health; IV, The Family; V, Industrial and Economic Problems; VI, Neighborhood and Community Life; VII, Mental Hygiene; VIII, Organization of Social Forces; IX, Public Officials and Administration; X, The Immigrant; XI, Professional Standards and Education; XII, Educational Publicity, the program will cover a wide range of subjects in the promotion of human welfare. In addition, nearly thirty kindred groups will hold their annual meetings or conferences with programs offering discussions of particular interests and techniques in social work.

Reduced railway fares are available and Des Moines has ample hotel facilities. An advance program with full information may be had from the General Secretary, National Conference of Social Work, 277 East Long Street, Columbus, Ohio.

New York School of Social Work Announces Program for Summer Quarter.—The summer quarter of the New York School of Social Research will begin June 13, and will run until August 31, 1927. Groups eligible for summer quarter include regular students previously matriculated for the diploma, regular students beginning their course for the diploma, students, meeting the school's regular entrance requirements, special students chosen by the Admission Committee on the basis of substantial and effective field work experience. This last group includes social workers, teachers, nurses, ministers, theological, medical, and law students who wish to fit themselves for more effective work in their own professions by studying the technique and viewpoint of the closely allied fields of social work.

Through the coöperation of the American Social Hygiene Association, certain fellowship funds are available for well qualified candidates who wish to register for a course in Women Police to be taught by Miss Chloe Owings. The course is an intensive study of the functions, problems and technique of the police woman, comprehending also court procedure and the organization of policewomen's units.

Agreement on Facilities to be Given to Merchant Seamen for Venereal Disease Treatment.—Fourteen countries have agreed upon giving the merchant marine facilities at all ports for treating venereal diseases. The contracting parties agreed to establish and maintain in their principal sea and river ports, services for the treatment of

venereal diseases for all seamen, or watermen without distinction of nationalities.

Medical treatment and medical necessities are to be given free of charge and hospital treatment when necessary should likewise be given free of charge. The seamen are to be given medical supplies necessary for treatment until the next port of call is reached.

The patients are given cards showing the condition of their health and treatment given. The results of serological examinations are noted on them and they are presented to the physician under whose charge they go at the next port.

Masters of ships and ship owners shall be required to make known to the crews the existence of these services. At the time of sanitary inspection of the vessel the sanitary officer shall furnish the crew with information regarding the places of consultation.

American Home Economics Association.—The twentieth annual meeting of the American Home Economics Association is to be held in Asheville, North Carolina, June 21 to June 24. Detailed information and a preliminary program is to be sent members later.

Clean Books Bill.—For several years strong effort has been made in New York State to secure the passage of a bill making it easier to punish and send to State's prison some of the criminal publishers who pour out questionable literature for youth to read. Senator M. J. Kennedy and Assemblyman Gedney have introduced bills to amend section 1141, Penal Law, relative to obscene literature by providing words "obscene, lewd, lascivious, filthy, indecent and disgusting" shall be construed with full force and effect in their commonly and generally accepted meaning. This bill is known as the clean books bill.

Decline of Syphilis in Europe.—At the first international congress for Sexology, held in Berlin this year, Prof. Josef Jadassohn, the well known syphilologist of Breslau, reported the result of a questionnaire addressed by him to 51 specialists in 19 countries as to their views on the decline of syphilis and its relation to treatment by salvarsan. According to the *Lancet*, 1926, almost all the syphilologists agreed with the declaration of the German Dermatological Society in 1923 when the paramount importance of salvarsan in combating syphilis was emphasized as well as its relative harmlessness, provided

proper care was taken in its manufacture and administration. In 14 countries there was unanimity as to the decline of the disease. In Italy six out of seven replies indicated a decline; in Russia statistics supplied by the Government showed a diminution of syphilis, but three practitioners returned a doubtful or negative answer, and one an affirmative; in Hungary and Bulgaria the decline of the disease was doubtful; in France there has been an undoubted decline to the extent of 50 per cent from 1919 to 1923, but of recent years Jeanselme had observed a recrudescence in Paris and other centers which he attributed to enormous immigration of foreign workmen and the substitution of bismuth for salvarsan. The decline of syphilis showed a considerable variation in the following countries: in Denmark, Bulgaria, and Sweden by four-fifths; in England and Switzerland by a half; in Holland by three quarters, and in Italy by a third.

In 16 countries gonorrhea had not diminished or had even actually increased, or recently shown a decline, but by no means to such an extent as syphilis. Almost all the specialists were unanimous as to the cause of the decline of syphilis, which was to be found preëminently in the use of salvarsan. This explanation accounted for the difference between the decline of syphilis and that of gonorrhea, in which disease treatment had not made any essential progress.

More or less importance was attributed to accessory factors such as popular enlightenment, improvement in medical training, and the creation of treatment centers, especially of a gratuitous kind. In conclusion, Professor Jadassohn emphasized the importance of education, abstinence from alcohol, and improvement in housing conditions in the campaign against venereal diseases.

Marriage Laws.—In an article on "Marriage Laws: Their Need and the Cause and Cure of their Weaknesses," reprinted from the *Southern Medical Journal*, March, 1926, Dr. R. McG. Carruth considers marriage laws and the circumstances which led up to their obvious need. The release of the government figures showing the results of mental tests in drafted men aroused public sentiment. These figures showed that of nearly two million young men in the prime of life, 47.3 per cent were classed as morons, that is, as ranking in intelligence between the mental ages of twelve and seven.

The first marriage law in this country was passed in Utah in 1909, according to Dr. Carruth. In the following years state after state

enacted what passed for eugenic marriage laws, since they were intended to prevent, in a measure, the marriage of the unfit. Up to the present time, twenty-two states have enacted some kind of marriage law, Louisiana being last of all, falling into line in 1924. All of these twenty-two states, Dr. Carruth believes have been of service, because indirectly they have served to educate the public, but they all contain certain defects, the principal of which are: first, that even in those states requiring a medical certificate, any licensed physician, be he skilled or unskilled in this special class of work, is permitted to make this examination and issue the certificate. Second, that most of the laws specify only venereal disease as a bar to marriage and make no mention of mental defects. Third, that nearly all of them require no examination whatever of the woman, even should she be a widow or be known to have had the experience of married life. Fourth, last and worst is the fact that none of the states make provision for any state marriage board, an executive head to prescribe and require certain well recognized methods of procedure in making these examinations. Dr. Carruth states that this board should have the power to appoint the examining physicians, and these carefully selected examining physicians throughout the state should be responsible to the board. In the writer's opinion these points constitute the crux of the whole matter as to the cure of the defects and weaknesses of our marriage laws.

National Congress of Parents and Teachers.—At the invitation of the Secretary of the Interior, Hubert Work, Mrs. A. H. Reeve, president of the National Congress of Parents and Teachers, will give an address at the Pan-Pacific Conference on education, recreation and rehabilitation, to be held in Hawaii, April 11th to 18th. "National Standards of Life" will be the subject of Mrs. Reeve's talk. The United States Bureau of Education is preparing graphs to illustrate her address.

Antivenereal Disease Law in Japan.—The Journal of the Public Health Association, Tokio, Japan, reports that the venereal disease committee of the board for the investigation of national hygiene has adopted the draft of the law for the prevention of venereal diseases. The text of the draft law follows:

Article I. By the term venereal diseases in the present law are understood syphilis, gonorrhea, and chancroid.

Article II. The competent minister may, for the purpose of treating venereal disease patients who are engaged in occupations specified by the ordinance, order cities and other public corporations, where he may deem it especially necessary, to establish dispensaries for venereal diseases.

The burden and recovery of the expenses for treatment at a dispensary established under the provision of preceding article shall be determined by the imperial ordinance.

Article III. The national treasury shall, as prescribed by imperial ordinance, make grants-in-aid to cities and public corporations in connection with a dispensary established under the provision of preceding article.

Article IV. The competent minister may use, for a specific period, a public or private dispensary as substitute for a dispensary to be established under the provision of Article I, clause 1: In such case the provision of Article II, clause 2, and Article III shall correspondingly apply.

Article V. A woman who, knowing that she is suffering from communicable venereal disease, has engaged in prostitution, or a person who has pandered such a woman shall be liable to a penal servitude not exceeding three months; in the case, however, proper measures for the prevention of infection was taken, the penalty in question shall be mitigated.

Article VI. When a physician examines a person engaged in occupations specified in Article II suffering from a communicable venereal disease he shall explain to such a patient the danger of infection, means of preventing infection, and of the penalty which shall be imposed if the provision of preceding article is infringed.

The above draft law is to be submitted to the general meeting of the board and if passed by them it will be addressed to the home minister as a memorial.

Syphilis and Insanity.—S. Evan Jones, in an article in the *Medical Journal*, Sydney, Australia, writes that he found evidence of previous syphilitic infection in 22.3 per cent of male, 10.5 per cent of female and 17.1 per cent of all patients admitted to the Mental Hospital, Callan Park, during the years 1910 to 1920. In 15.9 per cent of males, 2.6 per cent of females and 10 per cent of the total number of patients admitted syphilis was directly responsible for the insanity. It is

probable that syphilis was only secondary in a portion of the other cases. The characteristic psychological feature of syphilis of the nervous system is dementia. There is reason to believe that the action of syphilis on the nervous system is toxic as well as degenerative.

Venereal Disease Control Through Cooperative Effort.—In the past six years more than 1,600,000 treatments have been given to 92,000 patients who have been examined at the Public Health Institute of Chicago, according to an article by Myron E. Adams, secretary, the Public Health Institute, "Combating Venereal Diseases Through Cooperative Effort." The article which appears in the *Nation's Health* for December, 1926, points out what can be done with the coöperation of public spirited citizens in fighting venereal disease.

Three dispensaries centrally located provide satisfactory treatment at reasonable cost. The service they render is reliable and easily accessible. The Public Health Institute was organized in March, 1919, by a group of men of highest standing in Chicago's business world. Most of these men had been associated in war activities. They became familiar with many problems of personal and public health through their activities in the mobilization of the army, among these none more important than the extensive prevalence of venereal diseases.

W. A. Pusey, former president of the American Medical Association, in his book on "Syphilis" pointed out that while Chicago had many dispensaries where patients could get free treatments for venereal diseases, it had no place where a considerable number of syphilitic patients could be speedily freed from their contagious dangers. This indictment placed responsibility in a sense on those who had previously been outstanding supporters of medical effort in Chicago. The Institute was incorporated and the first dispensary was started in a small back office on La Salle street.

As the demands upon the Institute became greater a central department was established, as well as a woman's department. At first there were facilities for caring for only three patients at the same time. Now the dispensary can treat 85 patients simultaneously. In 1920 the daily average of patients treated was 77; in 1922, 724; in 1924, 1014; and during 1926 the average has reached 1,300 daily.

The Institute maintains its own laboratory and its equipment has been especially designed and built to insure speed and accuracy in performing a great number of tests. Frequently as many as 250

Wassermann blood tests are made in one day. The Institute has been aided in this work by the coöperation of specialists. The services of the laboratory are accessible to outside physicians who pay a nominal fee for these examinations.

A department for women and children exclusively is separated from the men's clinic by several blocks. The arrangement has been designed to provide the greatest possible privacy for those seeking treatment. Many of the patients in this department are wives who have been infected by husbands. There are women as well as men physicians for those who prefer to be treated by attending physicians of their own sex.

The publicity policy of the Public Health Institute has been the chief factor in introducing its benefits to the public. In the past these diseases have thrived in secrecy and duplicity. The Public Health Institute has fought secrecy with publicity, making its appeal through the press. The good-will of the patients has been another great asset. But back of all the work lies the increasing good will of the general public and its coöperation.

Vice Repressive Bill in Missouri.—The Model Vice Repressive Bill, drafted by the American Social Hygiene Association, has been introduced before the General Assembly of Missouri on the initiative of the Missouri Social Hygiene Association. The measure, which will be known while under consideration before the Assembly as "The Missouri Bill against Commercialized Prostitution," has the active support of the Missouri League of Women Voters; the Missouri Conference for Social Welfare; the Missouri Tuberculosis Society; the Missouri Committee of the National Conference of Parent Teacher Associations; and the Missouri Women's Christian Temperance Union, as well as a number of county and local organizations of voters.

The campaign to secure support for the enactment of the measure is being conducted with a view to promoting the general social hygiene information program throughout the state.

National Committee for the Prevention of Blindness Holds Annual Meeting.—A widely diverse group of specialists attended the 12th Annual Conference of the National Committee for the Prevention of Blindness, December 1 and 2.

The morning session of December 1 was devoted to the discussion of

the "Relation of Syphilis to Vision Impairment." Dr. Ellice M. Alger was chairman of this meeting. Dr. Joseph Gardner Hopkins, professor of dermatology and syphilology, of the College of Physicians and Surgeons, Columbia University, New York City, summed up his talk with a plea for the support of those interested in the prevention of blindness for the following three phases of work which is being done in combating syphilis:

1. Prevention of syphilis infection.
2. The early systematic treatment of syphilis before the development of ocular symptoms.
3. Diagnosis and effective treatment of eye conditions when they had developed.

Dr. Randall Hoyt of the Neurological Clinic of the New York Skin and Cancer Hospital, speaking on "Toxic and Degenerative Manifestations as Related to Loss of Vision," emphasized the necessity of long treatment and close follow-up, sometimes as long as seven years.

Dr. William F. Snow, General Director, the American Social Hygiene Association, discussed the necessity of follow-up work, especially from the point of view of several studies which the American Social Hygiene Association conducted with various public health associations. He pointed out that after all the very best kind of follow-up is the preliminary effort to educate the public in the prevention and in the necessity for early and extended treatment, while the patient, on the other, may feel he cannot afford it.

Discussion from the floor added to the value and interest of the meeting. The following contributed to the discussion: Dr. Harvey D. Lamb, St. Louis Association for the Blind; Dr. J. A. Stucky, Lexington, Kentucky; Mr. Edward M. Van Cleve, New York Institute for the Education of the Blind; Mrs. Francis W. Little, Maryland Committee for the Prevention of Blindness, Baltimore; Mr. George F. Meyer, Supervisor of Sight Saving Classes and Classes for the Blind, Minneapolis, Minnesota, and Miss Ida E. Ridgeway, Supervisor of Work for Children, Boston, Massachusetts.

The noon and afternoon hours on Wednesday, December 1, were spent in considering the possibilities of coöperation between the National Organization for Public Health Nursing and the National Committee for the Prevention of Blindness.

Following the luncheon a special demonstration program was

arranged. The conduct of a vision test of school children was demonstrated, as well as the testing of the vision of pre-school children.

The Thursday morning session of the conference was devoted to a joint meeting with the Eastern Association of Indian Affairs to discuss the welfare of the Indians with special emphasis on trachoma. The chairman opened the meeting pointing out the different standpoints from which the problem was to be viewed:

1. Prevalence of the disease.
2. Remedial and relief measures.
3. Needed etiologic and epidemiologic research.
4. Measures for eradication which may be safely urged.

Some of the speakers on the subject were: Dr. A. J. Chesley, Dr. J. A. Stucky, Dr. Marshall C. Guthrie, Dr. Ezra Sprague, Dr. William Campbell Posey, Dr. Paul D. Mossman, Dr. S. J. Crumbine, and Dr. Martin Cohen.

Thursday afternoon, December 2, was devoted to the commemoration exercises for Miss Louisa Lee Schuyler, founder and supporter of the National Committee for the Prevention of Blindness.

Social Hygiene Course for Teachers.—A course in social hygiene designed for teachers is being compiled by the University of Virginia and William and Mary College. The course will be ready for distribution during the fall of 1927. Instructors and deans of the two colleges are putting much thought and time on this course with the expectation of making it a standard course for all teachers' colleges.

Organize Sociology Department at Northwestern University.—A separate department of sociology with Professor A. J. Todd at the head of it has been organized at Northwestern University, Evanston, Illinois. The courses offered so far have included the following fields: elementary sociology, social reconstruction, principles of sociology, social hygiene and evolution, social theories, social economy, community organization, rural sociology, population problems, introduction to social work, social aspects of child welfare, social aspects of public health, and social pathology. The three "seminars" or graduate groups cover every year as many additional specialized subjects as there are students therein, but these research subjects are not announced as separate catalog courses.

“Big Sisters” Help Unadjusted Girls.—The Big Sister Council of Minneapolis helps unadjusted girls. The lack of adjustment may be due to one or more of several causes, such as ill health, physical deformity, immorality, race prejudice, lack of education, newness in locality or unemployment. Believing that all girls are entitled to a normal girlhood, the Big Sister department helps girls to overcome their disadvantages.

In 1926 there were 1,689 new contacts made by this department. Of these 940 were listed for all forms of Big Sister help, 427 for one form of help, and 322 were referred to other agencies. In addition to the new girls there were some who had been helped in previous years. In all the department worked with 2,730 different girls. The total contacts for the year were 27,906. The work of the Big Sister Adviser consists of meeting girls when they first come to the office. She studies their needs and their possibilities, then with other members of the staff plans are made for follow-up work. She also indicates the girls most in need of employment.

The employment secretary is given five and a half hours daily in the field in order to find work for girls, to meet employers and to check up on work records. Two hours are used for conferences and reports. The placements for 1926 were:

Office	12	Tea Room	46
Factory	135	Domestic.	169
Institutional	61	Circular	27
Store	51	Miscellaneous	11

The housing secretary's work includes the placing of girls in houses as well as a study of housing conditions in general. The placements are classified as temporary and permanent. Temporary placements include those as a rule made at the request of Travelers' Aid for girls who have just arrived in the city and are without funds or employment. Other temporary placements are made for girls who wish to change for various reasons, such as dissatisfaction, illness, lack of funds. Permanent placements are made for those who desire settled living arrangements. These are made in clubhouses, in private boarding homes, in homes where girls are placed as housemaids and in institutions where girls are placed as patients and sometimes as employees. During the year of 1926 there were 158 domestic placements, 54 institutional, 72 clubhouse, a total of 284. Of these 212

were permanent and 72 temporary. The secretary made 522 housing observations during 1926.

In finding church homes for girls the secretary noted their church preferences. Contacts are made with church workers with whom the secretary coöperated in affiliating girls. In finding recreation for girls the secretary works with leaders in recreational centers and in churches having recreational programs. Through a study of these schedules girls have been interested in athletics, dramatics, Girl Scout work, glee clubs, sewing, millinery, swimming and gymnasium work. Minneapolis has possibilities for recreation for girls of all races and creeds. In 1926 the number of girls listed for recreation was 787. Medical aid is an important form of service in working with maladjusted girls, since many of the girls are frequently unaware of their physical disabilities. Often girls are found to be in need of physical and mental examinations before they can be placed in employment. The educational facilities in Minneapolis offer an opportunity for girls who are anxious to advance. Extension classes are offered and in 1926 twenty-eight girls were definitely registered in courses.

The Big Sister Council is composed of delegates from groups of religious, business and social clubs which have out memberships in the Big Sister work. The Council meets monthly to hear a report of the work of some affiliated group.

Trend of Syphilis Deathrate, 1912 to 1925.—Between the years of 1912 and 1917 the mortality from syphilis (including reported deaths from "locomotor ataxia" and "general paralysis of the insane," as well as those reported definitely from "syphilis") among the white male industrial policyholders of the Metropolitan Life Insurance Company showed a decided upward trend, reaching its peak in the first "war year," 1917. This maximum of 1917 was followed by sharp drops in 1918 and 1919, after which there was no decided change up to and including 1922. In 1923 another rather pronounced increase was experienced, and was again followed by declines in 1924 and 1925. The same general tendency was observed in the deathrate for white females during this fourteen-year period, with the deathrate for each year running approximately one-third that of the males.

Among the colored males there is a definite difference. The upward trend between 1912 and the peak year, 1917, was much more pronounced than for the whites; and although the same declining tend-

ency was shown for 1918 and 1919, the upward trend in years subsequent to 1919 has been more marked, with the deathrate of 1925 almost as high as in the peak year, 1917. The highest rate among colored females was that for a post-war year, 1922, and although there has been a declining trend since that year, the recent figures are still well above those of ten years and more before.

COMBINED DEATHRATES FOR SYPHILIS, LOCOMOTOR ATAXIA AND GENERAL PARALYSIS OF THE INSANE. AGE DIVISION 25 TO 64 YEARS. BY COLOR AND SEX 1912 TO 1925. METROPOLITAN LIFE INSURANCE COMPANY. INDUSTRIAL DEPARTMENT.

Year	Total Ind'l Department	White		Colored	
		Males	Females	Males	Females
1925.....	26.4	33.3	10.3	92.6	41.2
1924.....	27.0	36.5	10.4	85.2	44.3
1923.....	28.4	38.7	12.4	82.0	43.3
1922.....	26.9	34.1	10.7	88.6	48.5
1921.....	25.8	34.2	11.9	79.7	34.3
1920.....	26.0	35.3	11.6	80.3	32.9
1919.....	25.4	34.5	12.0	65.5	37.5
1918.....	29.7	42.4	12.6	79.4	40.4
1917.....	34.3	49.0	15.6	95.4	38.7
1916.....	31.8	43.6	13.6	90.9	45.6
1915.....	31.5	43.3	14.5	91.8	38.0
1914.....	28.9	40.1	12.9	79.2	38.4
1913.....	27.5	40.3	12.5	62.4	36.5
1912.....	27.2	38.7	13.1	58.5	37.4

The improvement in the syphilis deathrate in the first few years following 1917 was believed to be traceable to the movement to control venereal disease, which was intensified during the war years; and which was particularly stressed among the soldiers and the civilian populations near cantonment camps.

Prizes for Venereal Disease Research.—*La Ligue Nationale française contre le péril vénérien* is offering three prizes for stimulating research on the subject of Venereal Diseases. The first prize of 5,000 francs is offered for the best work on “Les psychopathies hérédo-

syphilitiques chez l'enfant et chez l'adolescent et leur rôle dans la criminalité juvénile." The second prize of the same amount is offered for the best study on "L'association de la syphilis et de la tuberculose dans les affections ostéoarticulaires (pathogénie diagnostique, traitement)." The third prize of 20,000 francs is to be allocated to the author of the most important discovery made in connection with venereal disease during the years of 1926 and 1927.

Details of the conditions under which the prizes will be awarded may be obtained from the secretary of the *Ligue* at 44 rue de Lisbonne, Paris, and the awards will be announced at the general meeting of the *Ligue* to be held December, 1928.

Syphilis Not Caused by Vaccination.—It has come to the attention of the undersigned that false statements are being circulated, that have caused some people to believe or fear that vaccination against smallpox may cause syphilis. Since the activities under our charge furnish direct evidence in refutation of this idea we have considered it our duty to issue a statement that syphilization as a result of vaccination does not occur.

Before the discovery of smallpox vaccine, the only protection against the dangers of smallpox was by inoculating a person intentionally with the disease and thereby producing, in general, a milder attack than that contracted when smallpox was caught in a natural manner. In this way the inoculation of syphilis along with smallpox, or even of syphilis instead of smallpox was possible. This possibility also existed when vaccination first supplanted smallpox inoculation, and was performed, as was smallpox inoculation, from the arm of one human subject to another. Cases of syphilis following inoculation or vaccination with human vaccine were, nevertheless, extremely rare. Syphilis, however, is a disease confined in nature to the human species alone, and as soon as the use of calf vaccine instead of human vaccine became universal the possibility of transferring syphilis by vaccination was entirely done away with.

Since 1917 the United States Army has vaccinated approximately 4,700,000 members of its personnel; the United States Navy has vaccinated approximately 950,000 members of its personnel; and of these 5,650,000 persons, not one of them ever developed syphilis as a result of vaccination. In not one of them was there ever any suspicion of syphilis in connection with vaccination. During this same period,

the United States Public Health Service has also vaccinated 2,918,748 persons in carrying out its quarantine, immigration and hospital work. While the Service has not always had the opportunity of following up these vaccinations, as is carefully done in the Army and Navy, no one has ever alleged that any particular individual vaccinated by the Public Health Service, has contracted syphilis as a result of vaccination.

During the past ten years more than 2,000,000 persons, including school children, have been vaccinated by state and local health authorities in coöperation with the United States Public Health Service, making a grand total of 10,568,748 vaccinations recorded by the government medical services, and not one of the undersigned has ever received an allegation or a statement charging that any particular individual of this number has contracted syphilis as a result of vaccination. In fact, there has never been reported anywhere a case of syphilis attributable to vaccination following the use of bovine smallpox vaccine.

Smallpox vaccine is a standard medicinal product, the quality of which is prescribed by the United States Pharmacopeia and as such is subject to the provisions of the Pure Food and Drugs Law. Furthermore, smallpox vaccine, together with other vaccines and serums for human use, has been deemed of such importance by the government that its production for sale within the jurisdiction of the United States has been under the special protection of an act passed July 1, 1902, antedating even the Pure Food and Drugs Law. Under this law all establishments producing smallpox vaccine for interstate sale must be licensed by the Secretary of the Treasury upon the recommendation of the United States Public Health Service, and the production is controlled by regulations drawn up by a board composed of the undersigned. These regulations provide for repeated inspections of the producing laboratories, for proper labeling, and for all safeguards which may be thrown about the making of such an important product. At present even the placing of the vaccine in the small tubes and the sealing of these tubes is required to be done in such a way that no hand, even though sterile, touches the vaccine. Repeated examinations of the product, for safety, are required.

This vaccine was used in the vaccination of the millions and is exactly the same as that used by doctors in private practice in the vaccination of the general public throughout the United States. This

statement has been signed by the following authorities: M. W. Ireland, Surgeon General, U. S. Army; E. R. Stitt, Surgeon General, U. S. Navy; H. S. Cumming, Surgeon General, U. S. Public Health Service. The original signed copy of this statement is on file at the office of the Surgeon General, United States Public Health Service, Washington, D. C.

Venereal Disease Campaign in France.—*Le Vie Saine* recently published a special supplement on "The French Anti-Venereal Campaign." One of the articles in the supplement points out the results obtained by the Prophylactic Service of the Ministry of Labour, Health and Social Insurance. There are a considerable decrease in still-births, and a still more noticeable decrease in primary syphilis in the army.

On the subject of personal and social prophylaxis against venereal diseases, Professor Jeanselme has this to say. He declares that sex education which should always accompany moral education step by step, should include the arduous task of correcting erroneous ideas and prejudices. The teaching should be adapted to many different forms and must be introduced into all social classes through such mediums as old students' societies, vocational schools, training schools for teachers, senior classes in colleges, workshops, factories and barracks.

The anti-syphilis dispensary is discussed by Dr. Queyrat, chairman of the French National League Against Venereal Diseases. The dispensary is the cornerstone of the campaign against syphilis; new cases are discovered there, treatment is carried out and prevention taught. Dr. Queyrat urges that the dispensary staff include a doctor, bacteriologist, a hospital nurse and one or two public health nurses whose services are invaluable in the investigation of cases of congenital syphilis. The premises needed are a waiting room, consulting room, a surgery, rest room and laboratory.

Early treatment in syphilis is discussed by Prof. H. Gougerot, Secretary General of the Society for Sanitary and Moral Prophylaxis. He points out that if untreated syphilis leads to personal, family and social tragedies. All the deaths, bereavements, illnesses, infirmities, economic losses and physical and mental suffering would be avoided if every syphilitic patient underwent early treatment.

Medical Problems of Venereal Disease.—Specifics for syphilis have of late been greatly improved, according to *The World's Health*, February, 1927. They are still lacking for gonorrhea. On the other hand, the general principles of prophylaxis are identical for the two diseases. By comparing the relative changes in the incidence of these two diseases, the efficacy of the new specifics for syphilis can to some extent be gauged. Figures were recently published in this connection by Professor Bruusgaard of Norway and Professor Almkvist of Sweden at the Oslo Conference last summer.

In 1919 in Sweden, 3,739 new cases of syphilis in men were notified, the corresponding figure for women was 2,084. In 1924, the figure for men had been reduced to 600 and for women to 250. The figures for gonorrhea are much less satisfactory. In 1919, throughout Sweden there were 15,157 cases in men and 5,314 in women. In 1924, these figures had fallen to 8,020 and 2,279 respectively. The figures for Oslo are most instructive. In 1919, there were 914 cases of infectious syphilis notified. In 1924, there were 700 such cases notified. The notifications of gonorrhea in Oslo were 1,981 in 1919 and 2,738 in 1924.

Two important facts can be gathered from these figures. First, the incidence of venereal disease in general, and of syphilis in particular, depends largely on the organization of measures against venereal diseases in the different foreign countries. In other words, the problem can be faced, since these diseases are amenable to medical treatment when backed up by legislative measures.

In speaking of Sweden, Professor Bruusgaard said, "In no other country, probably, have doctors and public so fully realized that not only is syphilis a disease that must be treated, but above all it must be treated thoroughly, and this thoroughness, involving as it does punctuality and discipline, is proof of the high level of culture which prevails in that country." Speaking of his own country on the other hand, Professor Bruusgaard said: "I do not think I am prejudiced in attributing the high figures in our tables to the defects of our national system."

Of the advances of recent times, one of the greatest is the campaign started in several countries against infection of the infant before as well as during birth. Professor Almkvist's paper shows how effective is the treatment of a syphilitic mother with specifics if they are given throughout the pregnancy. It is already a matter of routine in many countries for the eyes of every baby to be treated at birth with silver

nitrate on the chance that the mother is suffering from gonorrhea which will render the baby blind. An analogous routine may soon be adopted with reference to syphilis, the blood of every expectant mother being examined for syphilis in order that it may be detected early and specific treatment instituted long before birth.

The article further points out that venereal diseases depend on a greater variety of facts than any other disease; they reflect, among other things, the ethical and moral standards of the communities in which they exist. By the same token venereal diseases may be fought in many ways.

Ideal Methods and Unit Cost of Venereal Disease Control.—In a paper read before the Second Annual Conference of Health Officers, at Springfield, Illinois, December 3, 1926, Dr. Walter Wilhemj, Director, East St. Louis Social Hygiene Clinic, discusses the present and ideal methods and unit cost of venereal disease control. There were prior to the war, according to Dr. Wilhemj, about 50 venereal disease clinics in the United States and nothing had been done in the realm of education in regard to sound attitude as to the problem of sex hygiene. Phenomenal progress has been made since that time. The health department has issued rules and regulations for the control of venereal disease. For the present the writer believes these adequate, if the individual communities will lend their aid in enforcement and coöperation in carrying out the program as it has been developed. The program includes a medical phase, a vice repressive phase, and an educational phase.

On the medical side Dr. Wilhemj considers the following essential: (1) a well advertised and extensively utilized diagnostic laboratory service, (2) reporting. Health officers stress the importance of having venereal disease reported. There is real value in these case reports. (3) The problem of treatment, hospital treatment, the elimination of the quack, the willingness of the physician to treat venereal diseases, and (4) dissemination of information on the significance, trend, and treatment of venereal diseases.

On the vice repressive side of the problem are laws as those prohibiting the transportation of women for immoral purposes, the abolishing of houses of prostitution and places of assignation, the supervision and licensing of dance halls, the control of organized commercialized vice.

The educational phase of the venereal disease control program is of no less importance than the medical and the social phase. Sound education in sex hygiene should be given to all patrons of venereal disease dispensaries. It should be taught in public meetings by health officers, physicians and teachers. Dr. Wilhelmj then quoted Prof. Maurice A. Bigelow's and Prof. C.-E. A. Winslow's statements on sex education. He lists the "social adjustment of sex potentialities of life" as follows:

"(1) Developing an open minded, serious, scientific, and respectful attitude toward any problems of human life which relate to sex. (2) Giving that knowledge of personal sex hygiene which makes for the healthful and efficient life of the individual. (3) Developing personal sex responsibility regarding social, ethical, physical and eugenic aspects of sex as affecting the individual life in its relation to other individuals for the present and future generations, in short the problems of sexual instincts and actions in relation to society. (4) Teaching very briefly to young people during later adolescence only the essential hygienic, social, and eugenic facts regarding the destructive venereal disease."

Venereal Diseases, a Sociological Problem.—"Disease does not affect alone the patient who is afflicted. Behind every ill lies, a sociological background." Dr. I. H. Neece brings this fact out in a paper which appears in the Illinois Health News for February, 1927. Venereal diseases constitute a social evil, nourished amid the distress and misery that engulf the inefficient and delinquent of the human family, but seeking their victims at all social levels, even the highest, says Dr. Neece. The necessity, he believes, is not so much sex education as reëducation. Boys and girls constituting the delinquent group are always possessed of a fund of misinformation about sexual matters and venereal diseases. With the vast majority the presexual period of life is already past. What is required for these delinquents is reëducation. Repeating moral platitudes to the delinquent does not help at all. Almost without exception delinquent children come from homes that have left them without guidance. Many of them have never known the normal home. A child from a normal home can go into the world and test his new experiences against his background. By means of it he is able to choose what is good and discard the questionable. The delinquent cannot do this. Newspapers, moving

pictures, magazines, popular novels, sophisticated and cynical adults with whom his lot has been cast—all these supply the material from which he must make his choice.

Social Welfare Program for Negroes in North Carolina.—A special bulletin has been issued by the North Carolina State Board of Charities and Public Welfare on North Carolina's Social Welfare Problem for Negroes. Kate Burr Johnson is commissioner of the Board.

The problem is discussed; Negro migration, factors contributing to Negro delinquency and crime—traffic in liquor, the narcotic evil, the mental defective, the delinquent girl, the woeful lack of a constructive industrial program for Negro women and girls serving sentences in the county jails, and other factors are considered.

The organization objective includes the selection and appointment of Negro advisory committee with superintendent of public welfare and members of the county board of welfare. The appointment of trained Negro social worker as assistant to the superintendent of public welfare is another aim. The forming of educational group meetings in community centers throughout the county, closing with a country-wide mass meeting held in the county court house, is another undertaking.

Activities planned include the organization of a Parent-Teacher Association or Community League; the correlation of the Negro county welfare program with state, county and city programs of education, health, etc.; the proper enforcement of the Compulsory School Attendance Law; the study of the causes and the placing of responsibility for the many flagrant violations of this law; providing recreational facilities in Negro communities; stimulating an interest in community music; inquiry into housing situations; the development of the schoolhouse as the community center; a remedial social service program in coöperation with the superintendent of public welfare, Associated Charities and other social agencies and institutions; interesting the Negro churches and fraternal organizations in the value of coöperative effort.

The bulletin outlines what has already been accomplished in this work, describes various institutions and tells of workers engaged in the social welfare program for Negroes in North Carolina.

In commenting on North Carolina's state-wide welfare program for Negroes, Lawrence A. Oxley, in an article in *The Survey*, January 15,

1927, points out that from the beginning the idea has been stressed that welfare work for Negroes, if it were to have constructive and permanent effect, could not be "put over" on them, but must be understood and shared in by the Negroes themselves. The program of the Bureau is therefore two-fold: the intelligent study of Negro social problems in North Carolina and the development of community activities through the stimulation of self-help on the part of Negroes.

Since so little has been accomplished in social work for Negroes, it was realized that the first steps must be slow and educational in character, and that one of the most important services would be the gathering of facts. When the Bureau was established, three counties employed Negro workers, as part or full-time public welfare assistants. To-day eighteen counties are organized for this welfare work. In nine of them are ten full-time Negro welfare assistants; in three more, Negro social workers are employed on part time. These are probation officers, family case workers, public welfare assistants, and community organizers.

The difficulty has been to secure trained Negro social workers. Of the fourteen now serving with city and county welfare departments, four have had four years of college work, and two of them have taken special courses in social work; six have had two years of college work and three of these have completed special social work courses; four are graduates of accredited high schools, and two of this group have taken a special course in community organization. Ten are women, four men.

National Negro Health Week.—The Thirteenth Annual Negro Health Week is to be observed April 3 to 10. The slogan for 1927 is "More Negro Health Work." Influential agencies and organizations have been invited to unite in the observance of this week. The Health Week Bulletin was again prepared by the United States Public Health Service; suggestions for a sermon on Health have also been prepared.

The program is to include a Demobilization Day, Home Hygiene Day, Sanitation Day, Children's Health Day, Adults' Health Day, Special Campaign Day, General Clean-up Day, and Report and Follow-up Day. Communities are advised to follow this general program and to arrange for committees and coöperation on the part of civic agencies, the church, medical societies, nurses' organizations, schools and individuals.

Katy Ferguson-Sojourner Truth Houses for Colored Girls.—Before the World War, a home for the care of unmarried colored mothers, The Empire Friendly Shelter, was maintained; it was closed during the war because of lack of funds. In 1919 the need for a home for pre-delinquent girls and unmarried colored mothers was met through a reorganization of the Shelter by a group of white and colored men and women. Dr. Katharine Bement Davis, General Secretary of the Bureau of Social Hygiene and New York's first woman Commissioner of Correction, heads the Board; Harry Pelham Robbins is treasurer and Fred Moore is secretary.

Two houses on West 130th street, in the heart of Harlem, were purchased and were named for Katy Ferguson and Sojourner Truth, two pioneers, colored women of the Civil War period, whose religious kindness and courage have made them memorable. More often than not the girls who come to the homes are pathetically young, often only thirteen and fourteen years old, and rarely over eighteen, victims of overcrowded living conditions made inescapable by the enormous rents of the districts from which they come.

While a girl is at the home before her baby is born, she is taught to cook, to keep house, and to care for herself and her baby. After her dismissal from the hospital she returns to the home with her baby and stays there until suitable employment is found for her or, when it is advisable, until the baby is placed for adoption.

At the Sojourner Truth House, the organization conducted the preventive work of its program. Here it accepted the young girls who were hard to manage, whose mothers "just couldn't keep them off the streets," whose teachers found them "intelligent but difficult." They had not gotten into court as yet, but they were headed that way. From 1919 until 1921 the organization did its work quietly, then the money ran out. But early in 1925 the will of John R. Hegeman, former president of the Metropolitan Life Insurance Company, bequeathed \$25,000 to the association. In the summer of 1926 a home had been purchased and reconstruction put under way, when the community in which the home was located took legal steps which prevented the use of the property for the contemplated purpose. But the Association is going on, still making plans which it hopes to carry out.

Suicide in Childhood and Adolescence.—Suicides among minors constitute a very small fraction of the total number of suicidal deaths in the United States, according to statistics compiled by the Industrial Department of the Metropolitan Life Insurance Company.

In childhood, at ages under fifteen, there is no problem at all in this country. During 1923 and 1924 only 78 out of the total of 23,348 in the United States Registration Area were those of children; that is only three-tenths of one per cent of the total.

Between fifteen and twenty years, suicide does assume some numerical importance, with about three per cent of all the deaths from this cause in the general population of the country. In the experience of the Metropolitan Life Insurance Company, in which almost 2,000,000 young people at these ages are insured, the trend of suicides since 1911 has been downward among white persons. The death rate from this cause among white boys of ages from fifteen to nineteen, in 1911, was 6.7 per 100,000; 6.6 in 1912, and 7.3, the maximum, in 1913. Last year, the figure was only 3.9, that is, about one-half the rate of fourteen years ago.

The highest suicide rate during the period 1911 to 1926 was 10.1 per cent, recorded in the initial year, and the lowest rate in 1925, 2.9 per cent. The tendency is observed for both boys and girls to be on the downward trend. Especially is this true of girls. It is interesting to note that during the years 1921, 1924, 1925 and 1926, the males of this age group resort to self-destruction more frequently than the females. This is contrary to the experience of the past. In fact, this age period, fifteen to nineteen, has stood out in bold relief from all the other age groups, as the only time of life in which suicide is more common among females than among males.

Parent Education in Canada.—A new series of lectures, which will help to bring to the minds of the parents the fact that while they are fine parents to their children without outside help, with the assistance of someone who has put exhaustive study on that question alone, they can be very much better ones, is announced by *Social Health* for January and February, 1927.

The lecture course has been prepared by Mr. A. D. Hardie and a committee of the Division of Education in the Council. The lectures have been prepared in simple, graphic language, so that anyone who wishes to talk on the subject of parent education can write to

Mr. Hardie and receive his lectures. The lectures cover the following subjects: Habits, Health, Behavior, Parents' Responsibilities, The Gift of Life. In conjunction with the last talk, the film, "The Gift of Life," will be shown. These talks are to be given separately to the mothers and fathers.

Another way in which the Council is reaching the public is through the film "The End of the Road," officially sponsored by the Social Hygiene Council. The film is now playing in Manitoba, Saskatchewan, Alberta and British Columbia to capacity audiences.

See for Life.—A radio talk delivered through station WMCA, New York City, January 6, 1927, under the auspices of the National Committee for the Prevention of Blindness in coöperation with the New York City Department of Health, was made by Dr. Franklin Royer. "See for Life" was the title of the talk which discussed the chances of the baby to see for life if certain definite precautions should always be taken immediately after birth.

Dr. Royer brought out the fact that when these precautionary measures were first used in this country, doctors and nurses made the mistake of stressing too much that these drops were used to protect against infection associated with immorality. It was Dr. Stephenson who more than anyone else was responsible for popularizing studies that now recognize at least a half dozen different kinds of germs that may cause serious infection of the eyes of the newborn.

Twenty-five years ago, said Dr. Royer, one-third of all children admitted to schools for the blind in the United States had lost their vision as a direct result of eye infections picked up at the time of birth. The statistics for 1925 indicated that but 11.5 per cent were so blinded, less than half the proportion of twenty-five years ago.

ASSOCIATION NOTES

The Annual meeting of the American Social Hygiene Association was held, January 21 and 22, 1927. On Friday, January 21, in addition to meetings of the standing committees and of the Executive Committee and Board of Directors, members and delegates gathered for informal discussion at the headquarters of the Association at 370 Seventh Avenue, New York City. At an informal dinner of members of the board of directors, Friday evening, problems of mutual interest were discussed.

The business session was held at the Hotel Pennsylvania, Saturday, January 22, at 10:30 A.M., Dr. Edward L. Keyes, president of the Association, presiding. The reports of the Board of Directors, the Finance Committee, the Treasurer and the Corporation were presented. The reports of the standing committees on Credentials, Resolutions and Nominations were presented and adopted. Dr. Keyes appointed the following standing committees for 1927:

Committee on Credentials: Mrs. Henry D. Dakin, Chairman; Dr. Harry Beal Torrey; Dr. Donald R. Hooker; Dr. Rachele S. Yarros; Mr. E. F. Van Buskirk.

Committee on Resolutions: Miss Mary S. Gardner, Chairman; Mr. Norman F. Coleman; Dr. Margaret Eck; Professor Ira V. Hiscock; Mr. Timothy N. Pfeiffer.

Committee on Nominations: Rev. John M. Cooper, Chairman; Dr. Katharine B. Davis; Dr. Joseph S. Lawrence; Dr. William S. Keller, and Dr. Mary B. Ritter.

Dr. William H. Welch was elected honorary president to succeed Dr. Charles W. Eliot, deceased. The following officers were reelected: Dr. Edward L. Keyes, president; Jerome D. Green, treasurer, and Dr. Donald R. Hooker, secretary.

Among matters discussed at the meeting was the preparation of a statement regarding the display and sale of salacious literature. The question of the administrative policy which should govern the reporting of venereal diseases was also discussed.

* * * *

Dr. Eugene L. Swan lectured at a number of schools and colleges in Virginia during the month of February. February 1, 2, 3, and 4

he delivered talks before the State Teachers' College at Farmville, Virginia. From there he went on to spend several days at the Polytechnic Institute, Blacksburg, Va. From the 14th to the 18th he spoke before student groups at William and Mary College at Williamsburg. He attended the Annual State Health Conference at Richmond and left Richmond to attend the Florida Open Forum Speaker's Bureau. In March Dr. Swan will give lectures before groups arranged for by the Wisconsin State Y. M. C. A.

* * * *

On February 8 and 9, Mr. Ray H. Everett conferred with Mr. Alan Johnstone, director of the Baltimore Community Chest, in connection with reorganization work of the Maryland Social Hygiene Society. At Washington, D. C., he had several conferences with Dr. Lamb and other officers of the District of Columbia Social Hygiene Society and with Dr. Thomas Parran, Jr., assistant surgeon general of the United States Public Health Service.

Mr. Everett attended the Annual Meeting of the Virginia State Health Officers Association and conferred with several persons interested in health and social hygiene problems. February 18 to 22, he spent in Atlanta, Georgia, conferring with the social hygiene group there regarding the survey made in Atlanta. He visited also several points in Florida and considered social hygiene problems with members of the local and state health organizations.

Mr. Everett gave a number of lectures at the Florida Chautauqua, at Keystone Heights, Florida. He spoke on the following subjects: "Choosing a Home Partner," "The Four M's of Parental Control," "The How, When and Why of Social Hygiene," "Modern Literature as It Deals with Sex Relationships," and "Shifting Trends in Home Life."

* * * *

Dr. Edith Hale Swift gave a number of lectures before student bodies in Kansas during the earlier part of February. She spoke, while in Kansas, before the Kansas State Teachers' College at Pittsburg; the Kansas State Agricultural College, at Manhattan; McPherson College, at McPherson; Wichita University, Wichita, Kansas, and the Kansas State University at Lawrence. From the 14th of February on, Dr. Swift spoke in Brooklyn, New York, and various points in New Jersey.

This February has seen the further development of the Valentine ideal under a committee instituted by the American Social Hygiene Association. In 1925 a letter was written to 200 ministers asking them to comment and to offer suggestions on the idea of using opportunities offered by Valentine's Day to influence boys and girls in their attitudes toward one another, and to better our social life, promote the spirit of chivalry, friendship, affection and general kindness. Many of them responded, heartily approving such a program.

In 1926, a letter and questionnaire were sent to a still larger group of 2,000 ministers. They were asked to offer criticism, suggestions, and comments on the idea and to answer a brief questionnaire. Of those who replied 85 per cent were heartily in favor. A bibliography of literature on Valentine's Day and valentine making was also sent them. Many of the ministers at once adopted the idea and preached Valentine's Day sermons on love, marriage, friendship and family affection.

In February, 1927, the Association designed and distributed 12,000 valentines. These quoted the words of Dr. David Starr Jordan, commencing "So live that your after-self," written specially for boys and for girls, and used as a cover decoration a reproduction of Maxfield Parrish's painting of St. Valentine.

The valentines are intended to reach teachers, club leaders, parents, clergyman and all those who are interested in boys and girls. The response has been remarkable and while it was not at first intended to distribute the valentines to individuals, merely posting them where boys and girls could see them, the requests were so numerous that the Association has tried to send as many as possible to those asking for them. Requests for valentines ranged from 10 to 250.

* * * *

Mr. Franklin O. Nichols continues his work with the Negro colleges. During February he spoke before student groups at the State Colored Normal School, at Fayetteville, North Carolina; at the State College in Orangeburg, South Carolina, and the State Normal School at Elizabeth City, North Carolina. On the 16th of February he attended the Washington, D. C., Conference and spoke on the 17th to students at the Miner Normal School.

Mrs. Margaret Wells Wood has been giving a series of lectures to foreign groups at Greenwich House. She has also spoken before the New Rochelle, New York, Child Study Association.

* * * *

"The Police Woman" was the subject of Miss Chloe Owings' talk at the annual dinner given under the auspices of the City Council and the Parent-Teachers' Association at Jamestown, New York, January 25. Miss Owings also spoke before the League of Women Voters of Jamestown on "The Problem of the Adolescent Boy and Girl."

On the 8th of March, Dr. Valeria H. Parker spoke before the New York Tuberculosis and Health Association. Dr. Parker talked on "Prostitution and Other Irregular Sex Relations." Miss Owings talked on "Protection Which Society Owes the Young" on March 15 and on March 22, she will discuss "Clean Play, Recreation and Amusements" before the same organization.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

To the Editor:

I think the best way to hint my prejudices concerning the successful lines of attack on the sex problem is to impose upon you a copy of "Character Education—Iowa Plan." On pages 34 and 35 there is a highly concentrated statement of some of the psychology and biology of the question together with a few practical hints.

The keynote to a good many of my whims is caught up in the sentence "approach the sex question usually from above rather than from below, that is, from ideal considerations rather than from practical or factual ones." That is only one principle or dictum that seems to me correct out of a good many. I agree altogether with everything, so far as I can see, set forth in Dr. Galloway's outline and those of other students who are very enthusiastic over the biological approach. It is simply a question of when in the child's development it ought to have its mind filled with the technique of the reproductive life and how much. I mean to say, it is a problem of what blends the different appeals shall make.

My own conviction is that the conduct of most of us, particularly that of children, is the outgrowth of admirations and idealisms and drives of one sort and another rather than the result of sets of clear ideas.

I hardly see how young men and young women can come into the full poetry and beauty of the love life if their heads are chock full, first of all, of the mechanics of the love relations. It is a little like expecting a child to read with genuine appreciation and understanding who has had the alphabet and photograms dinned into his head until he can't unload them.

It is a little similar to the foolish hope that musicians have of turning out great artists who are made first of all hopelessly musical through the use of finger exercises and the paraphernalia of keys and scales. Education has been struggling out of a lot of its foolishness in this respect and I wish it would never tumble into too much of the same sort of hardness in matters of inducing right attitudes toward eugenics.

What would I do? I would help teachers find such novels as Adam Bede, poetry like that of Mrs. Browning's, music with the irresistible passion of Widmung, paintings of the Madonnas, sculpture with the soul of Venus of Milo, and architecture with the theme of Taj Mahal. I should try to help them to feel the joy of the spirit of knight errantry so that the spirit of chivalry would come again into its own. These are only scrappy hints of what I would try to do.

Just the other day I took my aesthetics class to live with the Venus of Milo for an hour with E. R. Sill and M. Rodin as interpreters. The effect on the students, so far as I could make out, was a little like that of attending some great mass. Although I made no effort to sanctify or solemnize the occasion, their conduct in the room and in leaving was a little like that of the groups one used to observe at the Louvre in the days of the proper housing of the Venus. Admiration of ideal mates and mating is a wonderfully cleansing passion.

Yours sincerely,

EDWIN D. STARBUCK

Research Station in Character Education
University of Iowa, Iowa City

BOOK REVIEWS

HAPPINESS AND MARRIAGE. By Margaret Sanger. New York: Brentano's, 1926. 231 p.

It is owing to Mrs. Sanger's forcing the issue that doctors in New York State are not in the unhappy position of eleven other states (including Connecticut and Pennsylvania) wherein physicians who give birth control advice are breaking the law. The new medical practice act of N. Y. State authorizes the regents to withdraw the license of any doctor who gives this advice, and this would be a danger hanging over any such physicians except for the Sanger case which brought the decision that allows the doctor to prescribe "to cure or prevent disease." Anything which Mrs. Noah Slee writes merits review because of this service to the profession.

Neither the student of social hygiene nor the practitioner of medicine can ignore a practice that must involve at least 85 per cent of fertile married individuals. In any given year over 60 per cent of wedded couples are of such ages and conditions of fertility as to face the issue of control of conception. There appear to be ten million married women in the U. S., who are fertile and neither gravid nor nursing, living with fertile partners. Thus we have twenty million husbands and wives for whom the question of spacing of children or of begetting or not begetting may have to be translated once or twice a week into action or decision.

It is therefore of no little moment, since the doctors have refused to assume the responsibility, that any lay pronouncement should be critically scrutinized. Mrs. Sanger's book has so much that is of great importance to people married or about to marry, that attention should be drawn to the following items that seem to lessen its value, unless allowance is made for them.

In the chapter on "settling down" it is said that habit and monotony of routine kill romance. Let love have exercise. Unclasp emotion. Dramatize love. A good rule, is said to be that "a certain number of hours daily be given over to this intimate seclusion . . . to play together, to probe beneath the outward surfaces of each others nature." Such a statement as the foregoing calls for careful limitation lest it be construed to sanction continuous hours of emotional sexual high tension, frequently repeated.

In the chapter on "Premature Parenthood and How to Avoid It," is the happy statement that "married love is a delicate plant," to be "nourished by tenderness, courtship, and mutual adjustment," a cultural development, a spiritual discovery, a full untroubled expression of passionate love, solving problems by living through them. Much else is wise and sensible, but to the following we must register strong objection. "Two years at least are necessary to cement the bonds of love and to establish the marriage relation. Parenthood should therefore be postponed by every young couple until at least the third year of marriage." The reason given is, (1) insufficient time to develop harmony; (2) the physical and mental disturbances like nausea, irritability of pregnancy "these develop eccentricities"; (3) conception immediately following on marriage brings the "ominous days of early pregnancy" . . . from a "romantic girl before marriage now" . . . "frightened and upset," "nothing but suppressed resentments" . . . "hidden rankling" . . . the sweeping too rapidly from girlhood to motherhood . . . in innumerable cases "love flies out the window" . . . when a child immediately "thrusts itself" into these lives. Thus "millions of marriages are blighted."

Now while we are willing to believe that "too strong and individualized natures must, as their first problem, find out just what the terms of the partnership are to be" and that "it takes time to arrive at a full and sympathetic understanding of each other," to reiterate in page after page warnings about the blighting of love due to the coming of children and to combine this with repeated suggestions that would lead the reader to believe all pregnancy means misery and danger—all this is thoroughly to be reprobated. Moreover, there is no classification shading or modification for the woman of thirty who has no years to lose lest her labors become more difficult and the risk to her child increase.

There are other statements which any medical editor would have to modify or elide. "'Keeping away' (meaning abstinence from intercourse) usually brings about the most disastrous consequences." "Passion is the driving power of love. Those who deny it cut themselves off from the zest and poetry of life." "Prepare for each act of intercourse as accurately as a surgeon would prepare for an operation." For fear of conception "the wife, panic stricken, dares not even give him a welcoming smile." "Sperm may live several days

in the vagina." "Twenty to thirty minutes are needed by the average woman of normal vigor for the act of preparation alone."

The detail of discussions of the sex act is much too long drawn out. It is carefully worded and so masked as not to be offensive. It exalts spiritual values and teaches the need of careful training of the wife. It takes the stand that hers should be the feeling and the response,—the first and last factor to be considered.

There are many strong points well made. Such a one as the warning against the trusting of pamphlets advocating any particular method as applicable to all conditions; and another the insistence that carelessness in detail rather than in the use of a given method may be the cause of failure. The importance in early marriage of proceeding slowly is properly stressed. The value of a preliminary examination is emphasized. There is the repeated advice on the need of applying to one's own physician for counsel concerning control of conception. In view of the frequent bitterness of certain members of the profession toward Mrs. Sanger and the A.B.C.L., evidence of her keeping herself well balanced is well shown in the thirteen sessions of the Neo-Malthusian and Birth Control Conference in New York in March 1925.

R. L. DICKINSON, M.D.

G. STANLEY HALL, A BIOGRAPHY OF A MIND. By Lorine Pruette. New York: D. Appleton Co., 1926.

MILDRED CHAMPAGNE ON LIFE AND LOVE. Boston: Marshall Jones Company, 1926.

To the social hygienist the figure of G. Stanley Hall makes a singular and arresting appeal. Among American psychologists he was the first to stress the significance of the sex impulse in the growing child and the adolescent; and it was he who gave impetus and scientific warrant to sex instruction in the schools at a time when sex as a subject for rational study and discussion was under the most rigid of social taboos. To his influence we owe the popularization in America of one of the fundamental tenets of the psychoanalysts—that the sex instinct furnishes a great stream of creative energy which can, by the process of sublimation, be diverted from its simplest and most elementary expression into channels more useful to society and more aesthetically satisfying to the individual himself. From Dr. Pruette's book we gain a picture of the man and the psychologist by a treatment of the individual which she aptly terms, "a biography of

a mind." The portrait is not obscured by the crowding in of a multitude of irrelevant facts and dates—these the author has quite properly relegated to the appendix of her book—but the foreground is kept free for the clear, sharp portrayal of the central object of her theme. As a result it is possible for us to see the man as a whole, an active vibrant personality, keen in the pursuit of his intellectual interests, constantly seeking out and finding new fields for scientific exploration. We see the man of science tirelessly working for the acquisition of significant facts, testing new theories, listening with patient interest to the research student of promise and originality and never afraid to follow a line of investigation which offered to yield fruitful results. We see a man who could meet disaster after disaster in his personal life and failure and disappointment in his work and who, after it all, could still look at life and call it good. We see the adventurer in the realm of intellectual endeavor, "the play boy of Western scholarship" whose interest never flagged but who was as eager to work and learn when an old man of eighty as he was at the outset of his career. This portrait of the man and the scientist—so sympathetically sketched by a former student and friend—should be invaluable to those who seek a closer acquaintanceship with one of the outstanding personalities in the field of American scholarship.

"Life and Love" is a series of platitudinous statements with regard to the broad and inclusive subjects of life and love. The author states in the foreword that her conclusions are based upon her experience with a "quarter of a million souls who have confided in me, have told me their troubles and asked my advice." The topics discussed range all the way from the modern movies to the philosophy of free love. We learn from a perusal of the book that a woman in any condition of life would do well to avoid the free love agent; that petting parties sometimes end with the seduction of pretty girls; that engagements should be neither too long nor too short but just the right length which, in the author's judgment, is about one year. We learn that a wife should spend her husband's money wisely in order to avoid trouble in the family and that she should be as careful of her appearance after marriage as she was before marriage. In short the book is an epitome of the ideas current in almost any American community with regard to the ordinary relationships of life. There is no attempt at a penetrating analysis of any fundamental human problem nor is there evidence that the author has added anything to the platitudes current

in our American thought. Interspersed with advice and admonitions to all sorts and conditions of men are quotations from various poets who have dealt with the subjects of life and love. No harm could be suffered from a perusal of the book. There are some who might even learn something from reading it. Such ones the author doubtless had in mind when she produced this volume out of the plenitude of her experience in giving advice on so many and such varied subjects.

RUTH REED

MT. HOLYOKE COLLEGE

BRIEFER COMMENT

MUNICIPAL HEALTH DEPARTMENT PRACTICE FOR THE YEAR 1923. By the United States Public Health Service and American Public Health Association. Washington, Gov't, 1926. 782 p. \$1.25.

A report on a study of the health service provided in a group of 100 large cities of the U. S. with a population of 70,000 or over. Though there have been a few changes in some of the cities since the study was made, this picture of health services presented, will represent average practice at the present time. Forty pages are given over to the subject of venereal disease control.

REPORT OF THE PROCEEDINGS OF THE FOURTH ENGLISH-SPEAKING CONFERENCE ON MATERNITY AND CHILD WELFARE, London, July 5-7, 1926. London: National League for Health Maternity and Child Welfare, 1926. 209 p.

Report of a very interesting three-day conference on Maternity and Child Welfare which was attended by representatives from all parts of the United Kingdom and official representations from twenty-four other countries. The matter of prevention of congenital syphilis was discussed as well as the subject—"Should medical officers be free to give information on Birth Control at Centers in individual cases."

A SURVEY OF NEW YORK CITY BOYS. Prepared for The Kiwanis Club of New York City. By F. F. C. Rippon. New York, Kiwanis Club, 1926. 51 p.

The Kiwanis Club of New York City has made boys' work a major feature of its community relations and undertook this survey to show the vast amount of work that is being done by voluntary organizations and by the city so as to carry on intelligently and in fullest measure, the service to boys.

The survey covers the following points:

1. The number of boys of different ages covering a period of years.
2. Distribution of boys throughout the five boroughs, according to race, religion, occupation and social status.
3. Influences of home, church, school, work and leisure time upon boy life.
4. Study of social agencies in New York City.
5. Conclusions and recommendations to increase the value and effectiveness of services to boys.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

- CRIME AND THE CRIMINAL. An Introduction to Criminology. By Philip Archibald Parsons. New York: Alfred A. Knopf, 1926. 387 p.
- HEALTH LIVING. How Children Can Grow Strong for Their Country's Service, Vol. I; Principles of Personal and Community Hygiene, Vol. II. By C.-E. A. Winslow. New York: Charles E. Merrill Company, 1920-1924. Vol. I, 248 p.; Vol. II, 405 p.
- AN INTRODUCTION TO MODERN SOCIAL PROBLEMS. By Philip Archibald Parsons. New York: Alfred A. Knopf, 1924. 288 p.
- THE LAND OF HEALTH. By Grace T. Hallock and C.-E. A. Winslow. New York: Charles E. Merrill Company, 1926. 208 p.
- THE LAWS OF HEALTH AND HOW TO TEACH THEM. By Charles-Edward Amory Winslow and Pauline Brooks Williamson. New York: Charles E. Merrill Company, 1926. 384 p.
- MOTHER AND UNBORN CHILD. A Little Book of Information and Advice for the Prospective Mother. By Samuel Raynor Meaker. Baltimore: The Williams & Wilkins Company, 1927. 209 p.
- NEGRO ILLEGITIMACY in New York City. Edited by the Faculty of Political Science, Columbia University. New York: Columbia University Press, 1926. 136 p.
- PROGRESS OF THE SCIENCE OF NUTRITION IN JAPAN. By Tadasu Saiki. Geneva: Publications of the League of Nations. III Health, 1926. 387 p.
- THE RACIAL BASIS OF CIVILIZATION. By Frank H. Hankins. New York and London: Alfred A. Knopf, 1926. 384 p.
- THIS BUSINESS OF OPERATIONS. By James Radley. Cincinnati: The Digest Publishing Company, 1927. 96 p.

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Journal of Social Hygiene

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No. 4

VENEREAL DISEASE CONTROL *

WILLIAM F. SNOW, M.D., *General Director*, SUSAN B. BRISTOL and
MARY S. EDWARDS, *Statisticians*, *American Social
Hygiene Association*

INTRODUCTION

The venereal disease section of the Survey of Municipal Health Department Practice in the United States in 1923 will be most significant if studied in comparison with the similar report for the year 1921.¹ The report has been prepared for the Committee on Municipal Health Department Practice² on the basis of field studies by officers and representatives of the United States Public Health Service. One hundred cities of 70,000 population and over were visited to secure the data outlined in the questionnaire. It is hoped that the detailed tabulation of material following will be useful as an encouragement and a challenge to further effort.

* From report of the survey made by the United States Public Health Service in coöperation with the Committee on Administrative Practice, American Public Health Association. Public Health Bulletin, No. 164, Chapter VII. Venereal Disease Control. Washington, D. C., 1926. In adapting this section of the report for the JOURNAL OF SOCIAL HYGIENE certain of the less important data have been omitted.

¹ Report of the Committee on Municipal Health Department Practice, United States Public Health Service, Public Health Bulletin No. 136. Chapter V. Venereal Disease Control. By Mary A. Clark, statistician, American Social Hygiene Association, Washington, 1923. Also published as a reprint from JOURNAL OF SOCIAL HYGIENE, Vol. IX, January, 1923. Publication No. 382.

² Report prepared by the American Social Hygiene Association.

The reasons for encouragement appear when one realizes that out of 227 cities surveyed in 1913 only 7 cities required reporting of venereal diseases, 4 had free venereal disease clinics, and only 3 provided even hospital care for dangerous cases. In 1913 one city examined food handlers for venereal diseases, and only 46 out of the entire group provided free laboratory diagnostic facilities for syphilis. It is also true that in 1913, 8 of the larger cities still had official methods for inspecting prostitutes as a venereal disease control measure, and that general health education measures regarding venereal diseases were practically nonexistent. By contrast, 99 per cent of the cities studied in 1923 have regulations for notification and show increasing use of reports; 82 per cent have free laboratory diagnostic facilities; 100 per cent provide free clinical treatment, in many instances to the full extent necessary; 65 per cent provide hospital or other facilities for isolation of dangerous cases; 79 per cent recognize the venereal diseases as one of the major subjects in their public health education programs. To-day only four States in the Union have failed to pass the abatement and injunction law, and every city officially recognizes the soundness of the policy of eliminating commercialized prostitution and the fallacy of attempting to control venereal diseases by any system of periodic examination of prostitutes.

The challenge for greater effort lies in the very evident danger of slipping back into a state of public indifference toward the problem because of its complexities and the difficulty of holding its proper place in competition with the many other and new appeals for money and personnel to promote health conservation activities. An amazing amount has been accomplished in setting the stage for big results and preparing the public to understand and support the work to be done, but only a beginning has been made toward what may reasonably be expected in the next decade.

In analyzing the data reported by the 100 cities including in the 1923 survey on municipal health department practice, the cities have been studied by population groups. Group I consists of 12 cities³ with a population of over 500,000; Group II, of 16 cities⁴

³ (1) Baltimore, (2) Boston, (3) Buffalo, (4) Chicago, (5) Cleveland, (6) Detroit, (7) Los Angeles, (8) New York, (9) Philadelphia, (10) Pittsburgh, (11) San Francisco, (12) St. Louis.

⁴ (13) Cincinnati, (14) Columbus, (15) Denver, (16) Indianapolis, (17) Jersey City, (18) Kansas City, Mo., (19) Louisville, (20) Milwaukee, (21) Minne-

with a population of 250,000 to 500,000; Group III, of 50 cities⁵ with a population of 100,000 to 250,000; and Group IV, of 22 cities⁶ ranging in population from 70,000 to 100,000.

In practically all instances the report is based only upon data furnished by the questionnaires used in the investigation. Unless otherwise indicated, statements in the report refer to the year 1923.

In the summary of general conditions, estimates have had to be based on the number of cities reporting rather than upon the total number of cities included in the survey. This is because most of the reports omit statements on some important points. While the information furnished on many items is extremely meager, or ambiguous, or difficult to interpret, yet there is a great deal of valuable information in the reports taken collectively.

The detailed report is made in eight sections, as follows: (1) Health Department Activities, (2) Federal and State Aid, (3) Non-official Agencies, (4) Notification, (5) Prophylactic and Preventive Measures, (6) Treatment, (7) Legal and Protective Measures, (8) Educational Campaign.

A few of the leading points brought out by the survey are summarized in the following paragraphs.

SUMMARY OF FINDINGS

Over a third (34) of the hundred cities studied have a separate bureau or division of venereal diseases. In approximately 40 additional cities, (22) Newark, (23) New Orleans, (24) Portland, (25) Rochester, (26) Seattle, (27) Toledo, (28) Washington.

⁵ (29) Akron, (30) Albany, (31) Atlanta, (32) Birmingham, (33) Bridgeport, (34) Cambridge, (35) Camden, (36) Dallas, (37) Dayton, (38) Des Moines, (39) Duluth, (40) Elizabeth, (41) Erie, (42) Fall River, (43) Flint, (44) Fort Worth, (45) Grand Rapids, (46) Hartford, (47) Houston, (48) Jacksonville, (49) Kansas City, Kans., (50) Lowell, (51) Lynn, (52) Memphis, (53) Nashville, (54) New Bedford, (55) New Haven, (56) Norfolk, (57) Oakland, (58) Oklahoma City, (59) Omaha, (60) Paterson, (61) Providence, (62) Reading, (63) Richmond, (64) St. Paul, (65) Salt Lake City, (66) San Antonio, (67) Scranton, (68) Spokane, (69) Springfield, (70) Syracuse, (71) Tacoma, (72) Trenton, (73) Tulsa, (74) Utica, (75) Wilmington, (76) Worcester, (77) Yonkers, (78) Youngstown.

⁶ (79) Allentown, (80) Bayonne, (81) Canton, (82) El Paso, (83) Evansville, (84) Fort Wayne, (85) Harrisburg, (86) Knoxville, (87) Lawrence, (88) Manchester, (89) Peoria, (90) St. Joseph, (91) San Diego, (92) Savannah, (93) Schenectady, (94) Sioux City, (95) Somerville, (96) South Bend, (97) Troy, (98) Waterbury, (99) Wichita, (100) Wilkes-Barre.

tional cities the venereal disease work reported is not specified as being under a separate division, but is mentioned in relation to clinic service provided by the health department. A few other cities specifically group their activities under other departments than the health department. Only 11 cities report no definite program for the control of venereal diseases.

As to expenditure of public money for venereal disease control, excluding hospitalization, it was found that the average city made a per capita expenditure of 1.4 cents. Approximately half spent between 1 cent and 3 cents for this service. The average per capita expenditure for venereal disease field service for all cities is 2.7 cents.

Over a fourth of the cities state that they receive Federal aid in some form, usually through the State; approximately three-fourths receive State aid; and only one-fourth receive neither Federal nor State aid.

In nearly half of the cities there are nonofficial agencies more or less active in some form of venereal disease work. In 30 cities such agencies definitely coöperate with the official agencies; 7 cities state that these agencies do not coöperate with official agencies.

With the exception of Washington⁷ and Salt Lake City⁸ all of the cities included in the survey state the existence in 1923 of laws for the notification of venereal disease. In addition, over half of the 85 cities specially reporting on this point have municipal ordinances for carrying out or supplementing provisions of the State law. Replies from over a third of the cities state that name and address are required in the first report; while in over half an office number is required. Of this latter group 22 cities, or 39 per cent, require a second report giving name and address in case the patient fails to continue treatment.

Sixty-four cities state that probable sources of infection are customarily or "sometimes" reported to the city health department; and nearly three-fourths of these follow up such reports. Five per cent definitely state that they do not follow up the reports.

Nearly two-thirds of the cities state that their report cards call for

⁷ EDITOR'S NOTE.—In 1925 Congress finally passed a law providing for venereal disease control in the District of Columbia.

⁸ EDITOR'S NOTE.—Contrary to to this report, notification has been compulsory in Utah by State law since 1919.

informaion on chronic gonorrhea, and a slightly larger number show fresh cases. About one-third indicate that they record information as to the number of previous attacks. In regard to syphilis, about one-third ask supplemental information about recurrent attacks. About one-sixth ask for reports regarding the prior use of chemical prophylaxis.

It is interesting that 79 cities furnish data regarding whether an increase or a decrease in the number of physicians who report cases has been noted. Fifty-six per cent state that there has been an increase; 20 per cent have noted a decrease; while 22 per cent are of the opinion that no change had occurred; one city "noted fluctuations," and one city had "dropped reporting during the period." In view of the fact that 56 per cent report an increase in the number of physicians reporting, it is interesting to note that the venereal morbidity rates for 1919 and 1923 are practically the same. Taking into account a like increase in the number and size of clinics reporting cases, this similarity in rates may be indicative of a tendency toward a decrease in incidence.

In all of the cities included in the survey (except the 10 Massachusetts cities) provision for isolation and quarantine is made under State law. Over two-fifths of the 85 cities reporting on this point state that they regularly enforce such measures; one-fifth that they "rarely" or "sometimes" enforce these measures; the remainder that they do not enforce measures of this kind.

Fifty-two cities examine "food handlers, barbers, etc.," as routine procedure, or "sometimes," or "on suspicion."

Only 16 cities (approximately one-fifth of the 94 reporting) make provision for chemical prophylaxis through the health department; some 30 cities express advocacy of such measures; the remainder state that they do not advocate these measures.

Diagnostic facilities are provided in 95 cities. Over four-fifths of these provide Wassermann tests, while dark field examinations for syphilis are reported by over two-fifths. Smears for gonorrhea are noted by approximately four-fifths of these cities, while only about one-tenth report complement fixation tests.

All of the cities had one or more venereal disease clinics in 1923 maintained by the city, State, or voluntary agencies. Nearly three-fourths of these are reported as wholly or partially maintained from city health department funds. Over half of the cities receive some

support or other assistance in the treatment of venereal diseases from the State.

Hospitalization facilities are provided in more than four-fifths of the cities.

All of the cities have general nursing service for venereal disease patients in either hospitals or clinics or in both, and nearly a third have one or more whole or part time nurses doing field work. Over one-half (56) provide one or more trained social workers assigned to the follow-up of patients who discontinue treatment and to the investigation of home conditions.

Some interesting information has been obtained in regard to the practice of quacks in 87 cities. Only one-fifth of these report such practices as extensive now, while two-fifths of the cities definitely report that such practices are not extensive. The remaining cities reply in various ways concerning this question, such as "average," "decreasing," "none." Twenty-six cities indicate extensive use of nostrums for venereal diseases; 16 reply "not extensive"; 9, "average"; the remainder use various expressions which indicate that no extensive use has been noted.

There are 95 cities which report on control of sex offenders. In 84 per cent of these some action is taken while in 16 per cent practically nothing is done. However, in no instance (97 reporting) is there mentioned a recognized vice district, although 4 cities report conditions closely approaching such districts.

Of the 82 cities providing data on the prevalence of prostitution, 21 per cent report "prostitution extensive." Sixty-two per cent report in such terms as "less than average," "moderate or fairly extensive," "decreasing," or "clandestine," while 2 per cent report "none." The remaining 15 per cent report that it is "impossible to estimate the extent."

An interesting fact brought out by the survey is that 43 cities, or 69 per cent of those commenting specifically on responsibility for the control of the vice situation in a city, state that it rests with the police department. Ninety-one per cent of these 90 cities reporting indicate that arrests are generally made of sex offenders "when circumstances justify." Only 3 per cent report "that sex offenders are not arrested"; the remaining 6 per cent report "arrests in some cases."

Ninety-one per cent of the 82 cities reporting arrests of sex

offenders state that examinations are made for venereal disease infections. Twenty-two cities report that all persons arrested for sex offenses are examined.

Some interesting facts were disclosed in reference to examinations for neuro-syphilis: 22 cities regularly examine criminals to detect neuro-syphilis; 10 cities similarly examine persons responsible for serious accidents; 14 regularly examine "loafers"; and 7, "anarchistic agitators." Approximately one-third of the cities receive reports from nonvenereal disease clinics regarding neuro-syphilis or "late manifestations." The remainder of 88 cities reporting on this point have no regular examinations for neuro-syphilis.

Sixty-two cities require infected persons to be detained for treatment.

Fifty-nine cities make some attempt at institutional reform of sex delinquents, and 67 give some care to unmarried mothers.

Of the 75 cities reporting supervision of dance halls and theaters, 77 per cent leave such supervision to the police department or to special city inspectors.

Eighty-seven per cent of the cities (86 reporting) have probation officers; 74 per cent have one or more women police officers.

Some of the definite opinions concerning the attitude of official and unofficial groups toward venereal disease control measures are informing. In 77 per cent of the 91 cities reporting, the police are definitely coöperative toward the general program for control of venereal diseases while in 12 per cent they are definitely opposed to such work. In 83 per cent the attitude of the courts is distinctly favorable, while in 10 per cent it is unfavorable. Nearly two-thirds of the cities giving information on this point report physicians as generally coöperating in such venereal disease programs as exist, while a quarter of the cities report physicians as uncoöperative. Information obtained concerning the attitude of the public toward the program for venereal disease control is less promising. Only 45 per cent of the 86 cities reporting on this item state the attitude of the public as coöperative, while 41 per cent report the program as unpopular with the public.

The statements made under the general heading "Educational Campaign" are too various and too indefinite to combine in any general evaluation of educational activities. Only a fourth of the cities (95 reporting) note efforts toward sex education in schools;

a fifth report work in sex education in churches. Nearly a third state that sex education work is done by societies, such as social hygiene societies, Visiting Nurses Association, the Red Cross, the Boy Scouts, and Camp Fire Girls. Three-fourths of the cities mention the use in some degree of pamphlets, and of exhibits and motion pictures. Two-fifths of the cities make special mention of "Keeping Fit Campaigns." "Newspaper publicity" is another activity of an educational nature mentioned. Less than a third of the cities have literature on the subject of "sex hygiene" in their libraries.

It is interesting that of the 80 cities which report on progress in educational activities one-half evaluate their efforts as "fair," while one-fourth estimate that they have made "no accomplishment along educational lines"; the remaining cities report results as "limited," or "impossible to estimate."

As has already been indicated, replies to various important questions are lacking for a large number of cities. Just what significance should be attached to these failures to report can only be surmised, but they have made it extremely difficult to give comparable data for all the cities.

A few instances will illustrate the difficulties the reader will encounter in using the text of the full report.

Of the 89 cities reporting some sort of program for the prevention and control of venereal diseases, only 53 report as to the effectiveness of the program. Of the 82 cities indicating that arrests of sex offenders are made when circumstances justify, only 37 report the total number of arrests of this character in 1923. Fifty-five cities give very incomplete data as to provision of activities other than those specially designated, while 20 do not report on the question of accomplishment through the educational program. Nineteen cities make no report as to institutional reform of sex delinquents, and 16 furnish no data concerning care given to unmarried mothers. No report is made by 12 cities as to regular examination of criminals to detect neuro-syphilis. Twenty-three cities give no information in regard to the item for provision of beds for venereal disease patients in hospitals. Of 33 cities reporting one or more whole or part-time nurses engaged in field service, only 15 report the specific number of visits made. Fifteen cities give no data as to Federal aid. Nineteen cities furnish no data in regard to the number of physicians reporting.

The foregoing statement is intended to give a brief picture of

the high points of the survey. It is believed that the inclusion in the detailed report of the names of cities illustrative of various methods used adds to its effectiveness as a source book. In order to save space the footnotes are expressed in numbers, the key to which can be found at the bottom of page 194. As such it may be useful both for comparison with the 1921 survey data and for setting up a plan for further development of the program. In this latter connection the survey seems to justify the following as the practical basis for the current ideal municipal health department practice in combating venereal diseases.

I. Efforts to find all cases as soon as possible after infection, and to decide in each case what measures will best protect the public from infection.

1. Provision of clinical examination and advice facilities, to encourage persons believing that exposure or infection may have occurred, promptly to obtain proper advice and instruction.

2. Provision of diagnostic laboratory facilities, to aid physicians and staffs of clinics and hospitals to make diagnosis of syphilis and gonorrhea.

3. Provision of case study facilities to enable the responsible official or physician to determine on the basis of the circumstances in each case what, if any, special aid, restrictions, isolation, or quarantine measures may be required.

II. Efforts to secure effective treatment of each case with due regard to avoiding the infection of other persons.

1. All necessary assistance to private clinics, hospitals, and physicians in providing treatment and follow-up service for infected persons.

2. Health department clinic facilities to supplement so far as necessary the venereal disease work of private clinics and physicians and of hospitals.

III. Efforts to inform the public regarding the dangers, modes of infection, and methods of prevention of these diseases, and to induce them to apply this knowledge to their protection individually and collectively.

1. Specific instruction pamphlets furnished to patients and those exposed to infection to insure understanding of their problem.

2. Health education measures to inform the general public regarding the dangers and control of venereal diseases.

IV. Efforts to obtain and record data related to the carrying out of the program and to evaluating the effectiveness of each measure adopted.

1. Reporting of venereal diseases by identification symbol, under such conditions as may prove necessary in relation to each of the group of cases, arranged according to means of transmission.

2. Supplementing notification by follow-up data on cases in relation to discharge, transfer to other physicians or clinics, or causes for lapse from treatment.

3. Tabulation of data collected for administrative use in reference to diagnosis, treatment, cure, infection of others, securing diagnosis and treatment of contacts, and similar questions.

The survey shows that all of these measures are in operation in many of the cities studied, and that most of them are in process of modification and amplification along lines which promise steady and notable advance.

In general, health departments, professional groups, and voluntary agencies all seem to be working encouragingly toward an understanding of their respective parts in this program and their necessary interdependence. The survey also gives promise of the ultimate working out of the relations of these public health aspects of social hygiene to the other phases of that movement which have to do with social and moral questions of marriage and sex conduct. These latter questions, of course, have not been covered by the survey except in so far as the facts bearing on measures in operation for the control of venereal diseases may incidentally relate to them. Likewise the summary just outlined under the heading Current Ideal Municipal Health Department Practice does not mention the many important and powerful influences and measures that the cities are developing under other departments of administration which tend to make commercialized vice less accessible and patrons of prostitution less numerous. Such activities supported by the churches, the schools, and voluntary agencies for character education and training are steadily making progress calculated to greatly reduce the number of exposures to the venereal diseases in future generations.

HEALTH DEPARTMENT ACTIVITIES

Of the 100 cities included in the survey 34⁹ report a separate bureau or division of venereal diseases. A few of the remaining specifically group their venereal disease activities under other city departments—Baltimore, Boston, Columbus, New Orleans, Bridgeport, Memphis, Richmond, and Waterbury, under the division of communicable diseases. At least 40 of the remainder state that such venereal disease activities as exist are under the direction of the head of the clinic. In Omaha the social service board is in charge. Fifteen additional cities report neither special health department bureau nor clinic, but other activities of a limited nature. Seven of these—Boston, Cambridge, Camden, Fall River, Memphis, Worcester, and Somerville—report follow-up of lapsed cases; Reading, “enforcement of quarantine and isolation, follow-up work and placarding of lapsed cases”; and Bridgeport, “reporting of cases, hospitalization when necessary, laboratory diagnosis and follow-up work.” Canton states that the “health department forces known cases to take treatment”; Sioux City, that “patients are referred by the health department to physicians.” Denver and Fort Worth report treatment to prisoners in the city jail, and Minneapolis, “examination of court cases, when requested by a judge, and treatment at the workhouse,” while the report from Atlanta is to the effect that “control of venereal diseases is limited largely to sources of infection through treatment in local clinics and detention of sex offenders.” In 11 cities¹⁰ reports seem to indicate no definite program for the control of venereal diseases.

PERSONNEL

As shown by Table I, 81 cities report a total personnel of 436 whole and part-time workers engaged in venereal disease activities. Of these, 97 are designated as persons in charge of venereal disease activities. Of the 339 other persons engaged in these activities, 99 are physicians, 128 are nurses, 15 are social workers, and the remaining 97 persons are miscellaneous in character—stenographers, clerks, inspectors, attendants, and the like.

⁹ 3, 4, 6, 7, 8, 11, 12, 13, 16, 19, 20, 22, 26; 29, 39, 40, 45, 47, 48, 53, 54, 55, 56, 57, 60, 64, 70, 74, 77; 84, 86, 91, 92, 96.

¹⁰ 10, 30, 41, 51, 61, 67, 73, 78, 80, 85, 90.

TABLE I.—*Personnel engaged in venereal disease activities in 81 cities, 1923*

Number of workers ranging from—	Cities
1 to 2.....	Denver, Kansas City (Mo.), Milwaukee, New Orleans, Washington, D. C., Dallas, Flint, Memphis, Oakland, Paterson, Reading, Salt Lake City, Springfield, Tacoma, Peoria, Schenectady, Sioux City, Troy, Wichita.
3 to 5.....	Boston, Buffalo, Cincinnati, Columbus, Louisville, Portland, Rochester, Seattle, Birmingham, Bridgeport, Dayton, Duluth, Elizabeth, Grand Rapids, Hartford, Jacksonville, Kansas City (Kans.), Lowell, New Haven, Norfolk, Richmond, St. Paul, San Antonio, Spokane, Trenton, Utica, Wilmington, Yonkers, Allentown, Bayonne, Evansville, Fort Wayne, Knoxville, Lawrence, San Diego, Savannah, South Bend, Waterbury.
6 to 10.....	Cleveland, San Francisco, Indianapolis, Akron, Albany, Houston, Nashville, New Bedford, Oklahoma City, Omaha, Syracuse, El Paso, Manchester, Wilkes-Barre.
11 to 15	Baltimore, Jersey City, Toledo.
16 to 20	Los Angeles, New York, St. Louis.
21 and over..	Chicago, Detroit, Newark.

EXPENDITURES

In a study of data collected in this same survey on expenditures for public health work,¹¹ made by Dr. Allen W. Freeman, it was found that in 1923 the average city made a per capita expenditure for control of venereal diseases, excluding hospitalization, of 1.4 cents. Approximately half of the cities spent between 1 cent and 3 cents for this service. The average per capita expenditure for venereal disease field services in cities of Group I was 1.9 cents; in cities of Group II, 2.6 cents; in cities of Group III, 3.2 cents; and in cities of Group IV, 3.3 cents. The corresponding figure given for all cities is 2.7 cents.

FEDERAL AND STATE AID

From the incomplete data reported, the extent of Federal and State aid to city health departments can be estimated only in a general way. In many cases the exact amount is not stated in terms of money, such aid as is reported being given in the form of drugs as needed, free literature, advice or other assistance from Federal and State officials, or money appropriation for the whole State, not segregated for individual cities.

Under the Chamberlain-Kahn Act, Federal funds are allotted on the basis of population to State departments of health for use in

¹¹ *Op. Cit.* *Public Health Bulletin*, No. 164. Chapter I.

the prevention, control, and treatment of venereal diseases. These funds are expended by the State for the benefit of the State in general and for certain cities specifically, or in a few instances given by the State to the cities for expenditure. This being the case, it is usually impossible to segregate Federal and State aid. Only occasionally can a definite sum of money given to a city be traced, via the State health department, to the Federal Treasury. The data as to Federal aid furnished by the health departments should be interpreted in the light of these facts, as not all cities report indirect Federal aid.

It can be said, however, that 25 cities report some form of Federal aid, that 59 cities report that they have no such aid, while 15 cities make no report.

Sixty-nine cities report assistance from the State; 24, that no such aid is received; while 6 cities furnish no information as to this item. Both Federal and State aid take the form variously of money, direct personnel, arsphenamine and other drugs, equipment, and other forms of clinical maintenance, and free literature.

NONOFFICIAL AGENCIES

Forty-six cities report nonofficial agencies more or less actively interested in some form of venereal disease control; 48 no such agencies; 6 cities¹² no report.

In 30 cities¹³ nonofficial agencies are said to coöperate with official agencies; in 7¹⁴ there is no coöperation. Nine cities¹⁵ make no statement as to the relationship between official and nonofficial groups. It is interesting to note the wide variety of social service organizations which are stated to be supporting the venereal disease program.

Eighteen cities¹⁶ make particular note of service rendered by hospitals or dispensaries. Twenty-four cities report a wide range of interested bodies. Among such reported in Chicago are the Illinois Social Hygiene League, the General Medical Foundation, the Public

¹² 30, 74, 84, 85, 93, 97.

¹³ 2, 3, 4, 6, 7, 8 (New York reports that there are about 30 clinics associated with hospitals scattered throughout the city, these being nominally under the Department of Health and supervised according to regulations); 13, 16, 18, 22, 23, 25, 27, 28, 39, 41, 50, 55, 57, 59, 62, 64, 70, 71, 81, 88, 94, 100.

¹⁴ 1, 5, 46, 52, 53, 78, 90.

¹⁵ 19, 24, 35, 36, 54, 60, 61, 63, 74.

¹⁶ 1, 2, 4, 5, 7, 8, 21, 23, 25, 35, 53, 55, 63, 64, 70, 78, 81, 94.

Health Institute, and the Pullman and Western Electric companies, also private laboratories. Cincinnati, Tacoma, Portland, and Hartford report a local social hygiene society. Paterson has a social hygiene committee; Kansas City, Mo., a social hygiene committee of the Health Conservation Association. A Children's Aid Society in Buffalo and a Children's Welfare Association in Louisville are furthering activities for the control of venereal diseases. The Women's Co-operative Alliance and Hennepin County Law Enforcement Association are reported by Minneapolis. Toledo reports a vice commission; Erie, a committee of 16. Visiting Nurses' Associations are mentioned by New Haven, Omaha, and Sioux City. Dallas reports a girls' protective home; Duluth, a Corpus Christi House and Bethel Maternity Home; St. Joseph, a Red Cross chapter; Lowell, Lowell Guild and other social agencies; Oakland, a health center. Providence reports that "women's organizations are active in educational work and law enforcement."

NOTIFICATION

An essential measure for the control of the venereal diseases is the passing of laws making them reportable as are the other dangerous contagious diseases. The only cities stating that the venereal diseases are not reportable are Salt Lake City, Utah,¹⁷ and Washington, D. C.¹⁸ Pennsylvania has an enabling act which gives the State Board of Health power to make regulations regarding venereal diseases. Reporting of these diseases has not been made compulsory by the Board. There exists, however, a ruling made by the advisory board to the State Health Department to the effect that persons defined as public health menaces may be quarantined. There is, in addition, another measure giving to physicians discretionary power as to reporting. In addition to State laws relating to notification, 43 cities¹⁹ report

¹⁷ Reporting of the venereal diseases is made compulsory under chapter 52 of the Utah Laws of 1919. The State Board of Health under authority of this chapter has enacted rules and regulations providing that reports shall be made by number, except in cases where the patient refuses to receive proper treatment or to observe precautionary measures, when such report shall be by name.

¹⁸ In 1925 Congress passed a law providing for complete venereal disease control in the District of Columbia.

¹⁹ 4, 5, 6, 8 (New York City provides for direct reporting. In New York State, however, reporting is indirect; that is, specimens which are sent to State laboratories for examination must be accompanied by the name and address of

municipal ordinances repeating or supplementing State provisions, 42 state that they do not have municipal ordinances, and 15²⁰ do not report. Of the 98 cities with reporting laws, 36²¹ require the name and address to be given in the first report, and 57²² give an office number. Of the latter group however, 22²³ state that they require a second report giving name and address, if the patient fails to continue treatment.²⁴ New York reports, "Notification is not obligatory"; Scranton, Tulsa, and Wilkes-Barre, "Notification is not in practice." Pittsburgh does not report as to notification.

Thus in 57 cities, or in the majority of the 100 cities studied, privacy is insured by law to infected persons who take the necessary steps to be cured of their infections.

Differences in the procedure of reporting are worthy of note. Some differences are due to State and municipal legal requirements and some to local custom in practice. In 50 cities physicians report to the city health department only; in 21 cities to the State health department only; in 24, to both city and State health departments. In 7 cities, in which the first report is made to the city health department by the physician, the local department makes another notification to the State. In the Tennessee cities, notification is made first to the State, and by the State to the local department.

Thirty-nine cities²⁵ report that probable sources of infection are customarily reported to the local health department; 26,²⁶ that the

patient), 9, 11, 12, 13, 14, 15, 17, 18, 19, 22, 25, 26, 30, 37, 39, 41, 42, 49, 52, 53, 56, 59, 60, 61, 66, 68, 70, 71, 77, 78, 79, 80, 84, 86, 89, 90, 92, 96, 99.

²⁰ 1, 7, 10, 16, 32, 45, 48, 54, 55, 72, 75, 83, 93, 95, 97.

²¹ 1, 3, 5, 6, 13, 14, 16, 17, 22, 25, 27, 29, 30, 35, 37, 39, 40, 43, 45, 60, 61, 62, 70, 72, 74, 77, 78, 79, 80, 81, 83, 84, 85, 88, 93, 97.

²² 2, 4, 7, 9, 11, 12, 15, 18, 19, 20, 21, 23, 24, 26, 31, 32, 33, 34, 36, 38, 41, 42, 44, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 63, 64, 66, 68, 69, 71, 75, 76, 82, 86, 87, 89, 90, 91, 92, 94, 95, 96, 98, 99.

²³ 2, 7, 19, 21, 34, 42, 44, 47, 48, 50, 52, 53, 54, 59, 63, 64, 69, 75, 86, 87, 90, 92.

²⁴ Minneapolis reports that about 20 per cent of cases reported were "first report" cases reported by office number while 80 per cent were delinquent and reported by name and address. Savannah reports that 95 per cent were reported by name and address; also that food handlers, barbers, and manicurists must be reported in this way.

²⁵ 2, 3, 4, 6, 7, 9, 11, 12, 14, 15, 16, 17, 18, 22, 24, 25, 29, 33, 39, 40, 43, 44, 46, 50, 55, 59, 61, 64, 71, 74, 75, 79, 81, 84, 88, 91, 94, 98, 99.

²⁶ 1, 5, 8, 26, 30, 32, 36, 37, 38, 41, 48, 49, 52, 53, 57, 60, 62, 68, 70, 77, 85, 89, 92, 93, 97, 100.

information is "occasionally," "frequently," or "sometimes" given; and 31, that there is no such report. Of this latter group, however, Milwaukee, Minneapolis, Bayonne, Camden, Grand Rapids and Trenton make such a report to the State, with consequent action by that agency. Pittsburgh and Scranton have furnished no data as to this point.

Information was obtained from 64 cities as to the follow-up of reports on sources of infection. Almost three-fourths, or 46 cities,²⁷ customarily utilized the information in an effort to prevent further transmission of infection; 15 cities²⁸ "occasionally" or "sometimes" did. Kansas City (Mo.), Dallas, and Fort Worth state that they do not follow up such information. Utica furnishes no data.

The survey included certain questions as to the detail of information required by various cities to be recorded on notification cards. It is obvious, of course, that such cards in order to have a value to the epidemiologist, must include certain basic items. It was found that about 65 cities²⁹ distinguish between chronic and new attacks of gonorrhea. Twenty-eight cities do not report new and old attacks, while Chicago, Cambridge, and Evansville give no information as to this point. Thirty-four³⁰ require information on each case card as to the number of previous attacks of gonorrhea, 58 do not; Cambridge and Evansville have furnished no data on the point. Detail as to recurrent syphilis is said to be recorded by 30 cities.³¹ Fifty-nine do not record it, while New York, Cambridge, Utica, Canton, and Peoria do not answer the question. Fifteen cities³² request information on case cards as to previous use of chemical prophylaxis; 78 cities do not. Cambridge has not replied.

In some cities measures have been taken to insure that other than

²⁷ 1, 2, 3, 4, 6, 7, 8, 9, 11, 12, 16, 17, 22, 24, 25, 26, 29, 30, 37, 38, 39, 40, 41, 43, 46, 48, 50, 52, 53, 57, 59, 60, 61, 64, 68, 71, 75, 81, 84, 85, 88, 93, 94, 98, 99, 100.

²⁸ 5, 14, 15, 32, 33, 49, 55, 62, 70, 77, 79, 89, 91, 92, 97.

²⁹ 3, 5, 8, 11, 12, 14, 15, 16, 17, 18, 20, 21, 22, 23, 24, 25, 26, 29, 30, 32, 33, 35, 36, 38, 39, 40, 43, 44, 45, 46, 47, 48, 49, 50, 52, 53, 55, 56, 59, 60, 61, 62, 63, 68, 70, 71, 72, 74, 75, 77, 79, 80, 82, 84, 86, 87, 89, 90, 91, 92, 93, 94, 97, 98, 99.

³⁰ 3, 8, 11, 12, 15, 16, 25, 30, 36, 40, 43, 44, 47, 49, 50, 59, 60, 62, 66, 70, 74, 75, 77, 79, 80, 82, 87, 88, 89, 92, 93, 94, 97, 99.

³¹ 3, 11, 12, 15, 16, 17, 25, 29, 30, 40, 44, 45, 47, 49, 50, 59, 60, 70, 71, 72, 75, 77, 79, 82, 87, 90, 92, 93, 97, 99.

³² 11, 12, 15, 29, 36, 40, 43, 44, 49, 59, 62, 74, 79, 84, 94.

venereal clinics will look for and report manifestations of syphilis. In 34 cities³³ it is stated that nonvenereal clinics report neuro-syphilis or late manifestations; in 59, that they do not make a practice of reporting such discoveries. Seven cities³⁴ give no data concerning such reporting.

Forty-four cities³⁵ are of the opinion that there has been an increase in the number of physicians reporting cases of venereal diseases. The probable causes named are three or four in the main; (1) city, State, and Federal activities to educate the profession to the importance of notification; (2) generally increased interest in reporting; (3) greater use of city clinics and laboratories; and (4) better enforcement of reporting laws. One city, Portland, states that two physicians were arrested for not reporting.

A decrease in the number of physicians reporting is given by 16 cities.³⁶ The probable causes of decrease stated are: (1) lack of interest or carelessness on the part of the physician; (2) lack of law enforcement; (3) antagonism toward the laws requiring reporting; (4) physicians are not cognizant of the value of the reports; (5) physicians feel that inadequate use is made of the data thus reported; and (6) venereal disease control is considered a war measure, and there has been a reaction from the drives made in war time.

Seventeen cities³⁷ report "stationary," "no change," or "about the same," as to the number of physicians reporting. One city, Reading, states that the number of physicians reporting is "variable." Wilkes-Barre states that "physicians do not now report at all, as they are not urged to by the city health department, and they recently decided it was poor practice to do so."

Nineteen cities³⁸ give no information concerning the number of physicians reporting in 1923 as compared with the number reporting previous to that year.

³³ 4, 6, 7, 8, 15, 16, 21, 22, 25, 26, 27, 30, 37, 38, 39, 40, 43, 48, 49, 52, 59, 69, 70, 74, 77, 80, 82, 84, 86, 89, 93, 94, 97, 99.

³⁴ 1, 10, 34, 64, 67, 73, 83.

³⁵ 1, 3, 4, 5, 7, 11, 14, 17, 21, 22, 24, 25, 26, 30, 35, 40, 42, 43, 45, 46, 49, 52, 53, 55, 60, 61, 64, 68, 69, 71, 74, 77, 80, 81, 82, 86, 89, 91, 92, 94, 95, 97, 98, 99.

³⁶ 9, 12, 27, 32, 37, 41, 44, 54, 56, 58, 59, 66, 76, 84, 85, 93.

³⁷ 8, 13, 15, 18, 20, 23, 29, 33, 36, 38, 39, 48, 57, 63, 78, 88, 90.

³⁸ 2, 6, 10, 16, 19, 31, 34, 47, 50, 51, 67, 70, 72, 73, 75, 79, 83, 87, 96.

VENEREAL MORBIDITY

An increasing number of cities were able to furnish venereal morbidity data during the five-year period from 1919 to 1923. A total of 54 reported for 1919, while in 1923 fairly complete information as to reported cases was obtained from 72 cities. This increase undoubtedly denotes an improvement in record keeping in recent years. Any rates, however, computed on the basis of these figures do not represent in any degree a true picture of the incidence of venereal diseases in these cities for several reasons. Examination of figures from a few individual cities reveals the fact that a large proportion of the cases reported are clinic cases, with the assumption, therefore, that physicians have not coöperated to the fullest extent in reporting cases. It is a generally known fact that many physicians are unwilling to report cases of venereal diseases. It should also be pointed out that gonorrhea is less frequently reported than syphilis, although it is believed to be three to four times as prevalent. In all five years for which data were obtained the rate per 100,000 population for gonorrhea is smaller than the same rate for syphilis. Taking into account these large allowances for error it is obviously unsafe to base any conclusion as to prevalence or trend on such rates. The most noteworthy point is the similarity of the 1919 and 1923 rates for all classes. When the rates per 100,000 population for these years are compared only differences ranging from 2 to 8 cases in different disease groups are found. In view of the fact that 56 per cent of the cities report an increase in the number of physicians reporting this similarity may be indicative of a tendency toward a decrease in incidence. Either a greater number of physicians report a fewer number of cases through carelessness, or they have fewer cases to report. As for the clinics whose reports contribute largely to the total of cases included in the rates, records show that they have increased in number and in volume of service since 1919.

PROPHYLACTIC AND PREVENTIVE MEASURES

ISOLATION AND QUARANTINE

Satisfactory notification of venereal disease cases does not insure that all infected persons will take treatment or observe proper precautions against spreading disease. It has, therefore, been deemed advisable in most States not only to provide treatment facilities, but also to pass specific laws permitting compulsory isolation and quar-

antine of persons who refuse treatment. With the exception of the 10 cities in Massachusetts, all of the 100 cities surveyed are in States which have such laws. (The information reported with reference to city ordinances was too incomplete to permit of tabulation.)

Notwithstanding the almost uniform existence of State laws permitting or enforcing isolation, only 37 cities³⁹ state that isolation is regularly enforced. Eighteen others⁴⁰ report that they "rarely" or "sometimes" enforce isolation; 30 cities, that they do not enforce; and 5⁴¹ give no information as to this point.

In 19 cities reporting some degree of enforcement cases are isolated in hospitals. Two of these, New Haven and Canton, state in general that cases which can not be isolated in the homes will be taken to detention hospitals for treatment. Twenty cities commit cases to be isolated in jails, reformatories, or detention homes. Nineteen fail to specify the place of detention. Of this group South Bend reports

TABLE II.—*Number of cases isolated in 1923 by 31 cities.*

Number of cases ranging from—	Cities
1 to 10.....	New Orleans, Camden, Bayonne, Canton.
11 to 50.....	Kansas City, Kans., Memphis, Paterson, Tacoma, Fort Wayne.
51 to 100.....	Newark, Duluth, Reading, Wilkes-Barre, Peoria.
101 to 300.....	Buffalo, Detroit, San Francisco, Jersey City, Houston, Spokane, El Paso, San Diego, Wichita.
301 to 500.....	Los Angeles, Toledo, St. Paul.
501 to 800.....	Chicago, Cleveland, Akron, Richmond.
1,200.....	St. Louis.

that isolation is enforced "by placarding only"; Norfolk, enforcement "if case is arrested for other causes." Savannah does not report as to the manner of isolation "in special cases" in 1923 but reports that beginning with February, 1924, "cases are to be isolated in quarters at barracks."

It is noteworthy that 11 cities—St. Louis, New York, Denver, Akron, Camden, Erie, Kansas City (Kans.), Paterson, Syracuse, Youngstown, and Canton—report detention for women but not for men.

Thirty-one cities report data concerning the number of cases isolated, as in Table II.

³⁹ 3, 4, 5, 6, 11, 12, 16, 17, 22, 23, 26, 27, 39, 41, 49, 52, 55, 59, 60, 61, 62, 64, 66, 67, 71, 78, 79, 80, 82, 84, 88, 89, 91, 94, 96, 99.

⁴⁰ 7, 8, 9, 15, 21, 25, 29, 35, 36, 38, 56, 58, 63, 70, 81, 92, 100.

⁴¹ 10, 19, 20, 65, 68.

Of the 10 Massachusetts cities, Fall River reports enforcement of isolation (in city hospitals); Boston, Lowell, Springfield, and Lawrence, enforcement of such measures "sometimes"; Springfield, that "probably 100 cases are given suspended sentence by the judge for as long as the doctor advises, the sentence being enforced when treatment lapses"; Cambridge, New Bedford, Worcester, and Somerville, that they do not enforce isolation, while Lynn does not reply.

CHEMICAL PROPHYLAXIS

Chemical prophylaxis is provided in 18 cities⁴² and not provided in 75. Seven⁴³ do not furnish information as to this item. In 31 cities⁴⁴ chemical prophylaxis is advocated; in 45, not advocated. Dayton is "neutral" on this point. Twenty-three cities⁴⁵ do not state their position in this matter. Thirty-four cities have reported as to the probable effect of chemical prophylaxis on incidence. One city reports, "it is claimed that incidence is reduced, but this questionable." Twelve cities report, "no effect," or "practically none"; 2 cities, "slight" effect; 10, that the effect is not known.

DIAGNOSTIC FACILITIES

Information in regard to diagnostic facilities is meager and in many cases ambiguous, thus making impossible satisfactory classifications or certainty as to findings.

Such facilities are reported in the case of 95 cities. Pittsburgh, Louisville, Lynn, Somerville and Allentown give no data on this point. Thirty-six cities⁴⁶ definitely report diagnostic facilities at the "Health department laboratory," "Central laboratory," "Public Health laboratory," or "City laboratory." Twenty others note diagnostic facilities at clinics. The remaining cities have diagnostic facilities variously in State, contract, private, and hospital laboratories.

⁴² 3, 21, 22, 35, 36, 44, 47, 49, 53, 62, 66, 75, 80, 82, 84, 89, 94, 100.

⁴³ 10, 19, 51, 65, 78, 83, 95.

⁴⁴ 3, 4, 5, 11, 12, 13, 26, 29, 36, 41, 44, 47, 49, 52, 53, 57, 58, 61, 62, 66, 68, 75, 79, 80, 81, 82, 84, 89, 91, 92, 100.

⁴⁵ 1, 10, 14, 19, 22, 28, 35, 38, 40, 45, 51, 60, 65, 67, 71, 73, 74, 76, 77, 78, 83, 95, 98.

⁴⁶ 1, 2, 4, 5, 15, 20, 22, 23, 27, 28, 31, 32, 34, 36, 37, 43, 46, 47, 52, 55, 56, 57, 58, 64, 65, 66, 69, 74, 77, 85, 86, 87, 89, 90, 91, 97.

Of the 95 cities reporting such facilities, 81 report Wassermann tests for syphilis. In 21 of these, facilities for such tests are noted as provided by the State. Dark field examinations for syphilis are reported by 42 of the 95 cities. Smears for gonorrhea are reported by 79 cities, this number including some which customarily utilize State laboratory service. Complement fixation tests are reported by 9 cities.

DETECTION OF DANGEROUS CARRIERS

In certain types of occupations, the employment of persons having venereal disease infections offers serious menace to public welfare. Among workers whose infections are likely to be dangerous may be mentioned food handlers, barbers, masseurs, beauty parlor operators, and dancing instructors. Provisions regulating employment of workers of all these classes are in force in several cities. The question on this specific subject of the investigation reads, "Examination of food handlers, barbers, etc."

Physical examination of some or all of the "danger classes" are reported by 52 cities, in 37⁴⁷ as routine procedure, and in 15⁴⁸ "sometimes" or "on suspicion."

Forty cities report that no such precautionary examinations are made. Birmingham states that an ordinance "has been passed and will be in force in a few months," and Camden that there is "a State law not enforced." No information is furnished by 6 cities.⁴⁹

Material as to the number of infections detected is extremely meager. A few cities reported infections discovered ranging from 10 in Newark to 1,000 in Sioux City.

TREATMENT

VENEREAL DISEASE CLINICS

All of the 100 cities included in the survey had one or more venereal disease clinics maintained by the city, State, or other agencies in 1923. Although Pittsburgh makes no report in regard to clinics, it should be listed among the cities providing such service.

⁴⁷ 3, 5, 6, 8, 9, 14, 16, 17, 18, 22, 24, 26, 34, 36, 37, 40, 41, 43, 47, 49, 56, 58, 60, 62, 66, 67, 68, 71, 74, 79, 82, 84, 85, 86, 96, 98, 100.

⁴⁸ 2, 12, 20, 25, 38, 39, 44, 55, 57, 59, 63, 77, 88, 92, 94.

⁴⁹ 10, 19, 23, 51, 61, 78.

As nearly as could be ascertained from available data, 72 cities⁵⁰ in 1923 apparently had clinics wholly or partly maintained by city health department funds, and 5 cities—Denver, Louisville, Minneapolis, Fort Worth, and Oakland—report that cases of venereal diseases in the city jails are treated by the city health departments.

Reports from 11 cities—Boston, Buffalo, Cleveland, Louisville, Bridgeport, Cambridge, Des Moines, St. Paul, Worcester, Bayonne, and Harrisburg—indicate the existence of clinics supported at least in some degree by city funds although not by the city health department. Support by the county is noted by 7—Milwaukee, Fort Worth, Oakland, Salt Lake City, El Paso, Tulsa, and Sioux City.

While details of maintenance are not called for by the questionnaire and complete information on this subject can not therefore be given, it may be said that 69 cities report aid by the State. State clinics are definitely noted in the case of 16 cities.⁵¹ One city, Manchester, has a clinic operated jointly by the city and State. State aid given to the other 52 cities, when specified, is given in the form of money or "salaries," drugs, supplies, and equipment or personnel, some details concerning which are found in the section on Federal and State aid.

Clinics maintained, at least in part, by private agencies are noted by 14 cities.⁵² In the case of 27 cities,⁵³ clinics are also maintained in hospitals or dispensaries whose nature is not specified, while one city, Somerville, notes a clinic but with no additional information other than that the State contributes "\$1,000 toward clinic."

Clinic equipment for accurate diagnosis is reported by 84 cities. Six cities—Baltimore, Seattle, Houston, Lynn, Tacoma, and Canton—report no such equipment. Ten cities—Pittsburgh, Denver, Indianapolis, New Orleans, Erie, Fall River, New Bedford, Norfolk, Tulsa, and Harrisburg—fail to report on this point.

Ninety cities state that clinics are equipped for adequate treatment. Canton reports negatively on this point, and nine cities—

⁵⁰ 1, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 16, 17, 18, 20, 22, 23, 24, 25, 26, 27, 28, 29, 32, 36, 37, 39, 40, 43, 45, 46, 47, 48, 49, 50, 53, 54, 55, 56, 58, 59, 60, 63, 64, 65, 66, 68, 69, 70, 71, 72, 73, 74, 75, 77, 79, 82, 83, 84, 86, 87, 88, 89, 91, 92, 93, 96, 97, 98, 99, 100.

⁵¹ 1, 9, 14, 15, 21, 24, 41, 51, 58, 62, 67, 69, 75, 76, 79, 100.

⁵² 1, 5, 12, 18, 23, 30, 35, 36, 70, 81, 94, 97, 99, 100.

⁵³ 1, 2, 3, 5, 8, 9, 13, 19, 20, 21, 25, 30, 31, 34, 40, 49, 51, 52, 53, 55, 60, 61, 64, 78, 79, 80, 91.

Pittsburgh, Denver, Indianapolis, Erie, New Bedford, Norfolk, Tacoma, Tulsa, and Harrisburg—give no information.

HOSPITALS

Treatment in hospitals in greater or less degree is available in more than three-fourths or 79 of the cities covered by the survey. Reports from 16⁵⁴ seem to indicate no such provision. Of this group, however, certain ones are worthy of particular mention. Atlanta and Tulsa have no hospitals regularly available, but treat cases of venereal diseases in patients admitted for other causes. No hospital in Kansas City (Kans.) admits venereal disease patients. One hospital, however, operates an out-patient department handling about 100 cases, particularly late syphilis. Youngstown also reports home treatment for venereal diseases. Pittsburgh, Erie, New Bedford, Wilmington and Troy do not report as to hospital treatment.

It is obvious that full information has not been given in many cities as to the number and type of hospitals admitting venereal disease cases. However, it is interesting to note that the city hospital is the one most frequently reported as providing such treatment. Thirty-eight cities⁵⁵ report city hospitals, so-called; six cities—Los Angeles, Portland, Salt Lake City, Yonkers, Manchester, Sioux City—county hospitals. Cambridge reports a State infirmary at Tewkesbury, "a glorified almshouse"; Flint, State hospital treatment for female gonorrheal cases and highly infectious syphilities. Forty-two cities report hospitals which are listed as private or are unspecified as to ownership and management. A few others report facilities not easily classified in the groups already mentioned, such as city, county, or State prisons and detention homes.

Of the 79 cities reporting hospital service regularly or occasionally available, 34⁵⁶ have special beds set aside for venereal disease patients. Twenty-two⁵⁷ provide beds but do not segregate them from the beds for other patients. Twenty-three cities do not report as to provision of beds.

⁵⁴ 29, 31, 32, 40, 44, 49, 51, 66, 71, 73, 78, 87, 89, 90, 95, 99.

⁵⁵ 3, 5, 7, 8, 9, 11, 12, 15, 16, 17, 18, 19, 21, 22, 25, 27, 28, 33, 34, 36, 38, 42, 45, 46, 47, 48, 55, 60, 64, 68, 70, 76, 80, 82, 83, 85, 93, 100.

⁵⁶ 3, 4, 5, 6, 7, 8, 9, 11, 12, 16, 17, 18, 20, 22, 24, 25, 26, 27, 33, 35, 45, 46, 56, 60, 62, 65, 68, 70, 80, 82, 88, 91, 92, 94.

⁵⁷ 2, 13, 14, 15, 36, 37, 39, 42, 43, 48, 50, 52, 55, 58, 77, 79, 84, 85, 86, 96, 98, 100.

Specific information as to the number of beds available was given in only a few cases. A few figures are here quoted as suggestive of existing conditions. Buffalo reports 35 beds for syphilis, 35 for gonorrhea, and "as required" for other venereal infections. Chicago reports "ample service for complicated cases, but small capacity for ambulatory," and a total of 289 beds for syphilis and gonorrhea. Los Angeles reports a total of 70 beds in the Quarantine Hospital. The Philadelphia General Hospital has available for syphilitic patients 45 beds; for gonorrheal, 55; and for "other," 50. The total of 150 is said to include 30 beds for the especial use of children with gonorrheal vaginitis. San Francisco reports 45 beds available in the lock ward for women patients.

NURSING SERVICE

The questionnaires show no uniformity in the reporting of nursing service. Reports from some cities include nurses in hospitals and in venereal disease clinics; from other cities, field service only for venereal disease patients; from still others, both general and field service. Furthermore, definite lines have not been drawn between nursing service and social service.

In the analysis of data, hospital and clinic nurses are considered as "general nursing service," and particular emphasis is placed on the nurses enumerated as giving out-patient service in venereal disease cases. When a nurse has been reported under both nursing service and social service, she has been listed only in the group which seems logically to include her.

All of the cities included in the survey report general nursing service for venereal disease patients in either hospitals or clinics, or, in some cases, in both. Although Pittsburgh makes no report in regard to nursing service, it should be listed among the cities providing such service. It is possible that some of the nurses in this group occasionally give home treatment or do work of social service nature. They have not been listed as field nurses, however, unless home visits are definitely reported.

Thirty-three cities report one or more whole or part-time nurses doing field service, while 61 cities report that they have no such service. Buffalo, Cleveland, Pittsburgh, Des Moines, Providence, and Troy do not report regarding this item.

In the 33 cities field nurses are, with the exception of a few cases,

provided by the city. Thus, in Group I, Chicago reports that 9 city clinic nurses do some social service work; Detroit, 1 nurse; Los Angeles, 4; New York, from 2 to 4. In Group III, Akron, Duluth, Grand Rapids, Oklahoma City, and Springfield report 1 field nurse each; Cambridge, Lowell, New Bedford, New Haven, Richmond, 2 field nurses; Nashville, 4. Camden reports that "all cases are followed up theoretically"; Oakland, that there is a nurse "detailed to this work, which consists of check on girls in so-called 'closed dance halls' and return to treatment of those patients reported by clinics or physicians as not having conformed to State law." In addition to the special venereal disease nurse reported by Akron, 37 general nurses are stated to be "always on watch for cases." Cambridge reports, in addition to 2 city field nurses, 5 sanitary inspectors who investigate males. Reading has 1 nurse employed by the State, and Scranton 3, who do some follow-up work. Elizabeth, Kansas City (Kans.), and New Haven report some venereal disease cases handled by the Visiting Nurses' Association, and Oklahoma City by the Public Health nursing bureau. In Group IV, Evansville, Lawrence, Manchester, San Diego, and Schenectady have 1 field nurse each, provided by city funds; Knoxville, 2. Canton and Wichita report service by the Visiting Nurses' Association; Wilkes-Barre, from "unofficial organizations."

SOCIAL SERVICE

Social service in connection with venereal disease control is very closely related to the work of nurses. Over half, or 56 of the cities studied, however, report one or more workers provided by the city, the State, or by voluntary organizations, whose chief work is to follow up lapsed cases, and investigate home conditions. Thirty-seven cities report no social service, and 7⁵⁸ make no report regarding this point. Twenty-one cities⁵⁹ report one social worker provided by city funds, and in most cases from the health department budget; 5,⁶⁰ 2 or 3 workers; and one city, Bridgeport, 5. Lawrence reports that the policewoman follows up delinquent cases. Milwaukee, and Wilkes-Barre report one worker provided by the State; Allentown, 2. Various charitable and civic organizations also furnish social service

⁵⁸ 8, 10, 19, 47, 61, 93, 94.

⁵⁹ 4, 6, 7, 12, 22, 36, 37, 39, 40, 43, 50, 52, 58, 59, 60, 70, 72, 77, 82, 83, 96.

⁶⁰ 1, 16, 18, 27, 80.

workers, either specifically for venereal disease control or for work of a general nature including work of this kind. St. Louis, Erie, and Richmond report one worker furnished by such agencies; Kansas City (Mo.), 2; Indianapolis, 2 or 3; Knoxville, 5. Buffalo, Cincinnati, Columbus, Youngstown, Canton, Fort Wayne, and Wilkes-Barre report that social service work is done by voluntary organizations, but do not state the number of workers. Akron reports 26 workers from charity organizations doing work in the field of venereal diseases.

A number of workers reported are not classified as to their connection with official or nonofficial agencies. One such worker occurs in the reports of San Francisco, Albany, Grand Rapids, St. Paul, Utica, Knoxville and Troy; from 2 to 5 such workers, in the reports of Philadelphia, Jersey City, Minneapolis, Portland, and Nashville. Boston, Columbus, Des Moines, and Reading report workers in this group without giving the number.

METHOD OF MEDICATION

The information obtained as to the relative popularity of intravenous medication and intramuscular or subcutaneous medication seems to indicate the former the more acceptable to persons receiving treatment for syphilis.

To the question as to whether intravenous medication tends to discourage treatment, 79 negative answers are given, 8 affirmative, and 2 cities report "possibly" or "sometimes." No opinion on this subject is given in the reports of 11 cities.

In reply to the question as to whether there is a tendency to more sustained treatment by intramuscular or subcutaneous medication, 67 cities report in the negative, 8 in the affirmative, 5 "possibly" or "sometimes," while 20 cities do not report regarding this point.

QUACKS

Considerable interesting information is reported concerning the extent of practice of quacks. Thirty-six of the cities⁶¹ covered by the survey report the practice of quacks as not extensive by some such terms as "very few," "apparently some," or "to some extent." Seventeen cities⁶² indicate activities of this sort of considerable

⁶¹ 4, 6, 8, 16, 17, 22, 23, 24, 27, 37, 42, 43, 46, 47, 50, 52, 53, 57, 58, 59, 61, 63, 64, 65, 68, 69, 70, 71, 77, 80, 82, 83, 84, 89, 98, 100.

⁶² 7, 11, 19, 21, 26, 29, 31, 39, 41, 44, 55, 56, 66, 75, 78, 91, 92.

extent. Minneapolis has 4 or 5 "institutes" operating. Louisville reports "considerable treatment by druggists."

Twelve cities report on quacks in terms of numbers. Baltimore reports 6 quacks with large practices, who "report cases well." Sioux City has 6. In South Bend 3 such practitioners are reported as having "fairly extensive practice." In Dallas there is a "marked reduction" in these practitioners, although "3 or 4 are still at work." Lawrence reports "2 or 3 quacks, who do not do much business." Knoxville also reports 2. Columbus reports "1 advertising physician," and Birmingham 2 such; Camden, "1 known as such, not active in venereal disease work." Jacksonville reports "4 offices," and "all reporting cases"; Canton, 2 offices, and Albany, "1 establishment." Six cities—Denver, Kansas City (Mo.), Bridgeport, Paterson, St. Joseph, and Wichita—report an "average" number of quacks; 6 cities—Boston, Buffalo, Cleveland, Des Moines, Grand Rapids, New Bedford—a "decreasing" or "diminishing" number; 4—Kansas City (Kans.), Elizabeth, Utica, and Manchester—"none." Six additional cities report as follows: St. Louis, "They were cleaned up a year ago, but coming back"; Cincinnati, "usually under cover"; Milwaukee, "largest institution recently closed by Milwaukee Health Department"; Rochester, "only in the medical profession." Reading and Allentown report that such practitioners are "forbidden by law," the "law" being "enforced" in the former case, and "probably well enforced" in the latter. Thirteen cities⁶³ make no report regarding this item.

NOSTRUMS

The question as to the sale of nostrums elicited a variety of answers. Twenty-six cities⁶⁴ report extensive use of nostrums; 16,⁶⁵ not extensive; 9⁶⁶ "average"; 6⁶⁷ "decreasing"; and 1 city, Jacksonville, "increasing." Fort Worth, Jersey City, Louisville, Minneapolis (on prescription), and Schenectady report "nostrums sold"; Fort Wayne and Manchester, "no nostrums"; Detroit, "Drug stores give some

⁶³ 9, 10, 28, 34, 51, 67, 72, 73, 76, 85, 93, 95, 97.

⁶⁴ 5, 7, 11, 12, 14, 22, 24, 29, 31, 39, 41, 46, 53, 55, 56, 58, 62, 66, 71, 72, 73, 78, 89, 92, 96, 98.

⁶⁵ 23, 25, 26, 40, 42, 43, 45, 47, 50, 59, 68, 69, 77, 80, 82, 99.

⁶⁶ 13, 15, 18, 33, 37, 49, 60, 63, 90.

⁶⁷ 2, 3, 4, 36, 54, 76.

trouble"; Indianapolis, "endeavoring to curb, State law prohibits sale"; Birmingham, that "law prohibiting sale is effective"; Camden, "such as are sold in drug stores, mostly for gonorrhea," and "extent not exactly known"; Allentown that the "State law is probably well enforced"; while Lawrence reports that an active campaign to abolish nostrums was "rather effective."

Twenty-nine cities give no information regarding this item.

LEGAL AND PROTECTIVE MEASURES

Judging from the numerous ways in which the question, "Is anything done?" was answered, it was apparently not obvious to many of the persons reporting on this point what information was desired. Some cities report that the State laws or city ordinances are enforced, but without giving their provisions. Other cities report in terms of volume of accomplishment, as, for example, "considerable," "some," or "limited." Still others give an indefinite answer, such as "police active," "action where required." Some cities, in reporting, have understood the question as limited to mean accomplishment, in the matter of control of sex offenders, by the health department alone, without reference to other city departments. Therefore, in analysis, the material has been taken simply as affirmative or negative. Lack of uniformity in the interpretation of this question is responsible for the discrepancies which are apparent when the totals of this section are compared with the totals of the section on arrest; that is, evidently some health officers have considered the matter of arrest as "something done," while others have not.

Eighty cities report that something is done in the control of sex offenders; 15 cities⁶⁸ report little or no accomplishment. Five cities—Houston, Worcester, Yonkers, Youngstown, and Troy—do not report.

PROSTITUTION

The activities of the police and other agencies have been directed chiefly against houses of prostitution, whether in restricted areas or scattered, against solicitation on the streets, and toward supervision of dance halls and other places of amusement. While the presence of scattered houses of prostitution is generally admitted, in no city of the 97 which report on this item is there a recognized restricted

⁶⁸ 10, 28, 32, 44, 48, 51, 57, 58, 73, 75, 83, 85, 90, 91, 98.

area. Several cities, however, report conditions which very closely approach the point of restriction. Erie reports a "tolerated area"; Atlanta, "none theoretically; yes, actually"; San Antonio, "supposed not to be." Peoria reports that there is no definite area but "a tendency toward this plan," with now "probably 100 inmates." Savannah states that its restricted area was abolished in 1923. The three cities which do not report regarding the existence of a restricted area are Washington, Harrisburg, and Troy.

Two cities—Jersey City and Elizabeth—deny any existence of prostitution. Rochester reports, "no house of prostitution known to health department or police." Of the other 82 cities for which information is available, 17⁶⁹ report prostitution "extensive," or "widely spread." Ten cities⁷⁰ report prostitution fairly extensive or "moderate." Of these, Duluth reports "moderately large, due to number of tourists and foreigners," Erie, "average to plenty." Ten cities⁷¹ report prostitution as not extensive by some such comment as "limited," "commercial vice at low ebb." One of these, Somerville, states that "prostitution is slight, because of nearness to Boston." Ten cities⁷² report prostitution as "average," "about the same as in other cities of the same size." Of these, Norfolk reports conditions as "average for a seaport town," adding that while "visible conditions have enormously improved, real improvement seems doubtful." Six cities—New York, Indianapolis, Minneapolis, Portland, Worcester, and Wichita—report the extent of prostitution "less than average"; 6 cities—Detroit, Memphis, Spokane, Syracuse, Evansville, and South Bend—report that prostitution is "decreasing." One of these, Detroit, reports that the extent varies with police pressure; Memphis, that prostitution has been "markedly reduced in the last four years." Nine cities—Hartford, New Bedford, New Haven, Oakland, Providence, San Antonio, Canton, El Paso, and Manchester—specifically report prostitution as "clandestine." In 12 cities⁷³ the extent is "unknown" or "impossible to estimate." Two others—Fall River and Trenton—report

⁶⁹ 7, 11, 19, 22, 26, 27, 30, 31, 58, 60, 64, 67, 86, 87, 91, 93, 94.

⁷⁰ 3, 4, 12, 39, 41, 47, 59, 65, 71, 92.

⁷¹ 5, 43, 49, 77, 79, 80, 84, 95, 98, 100.

⁷² 2, 13, 18, 29, 37, 48, 56, 62, 69, 78.

⁷³ 10, 15, 20, 23, 32, 33, 38, 44, 45, 50, 51, 63.

"street walkers," Fall River further reporting, "no known houses." Fifteen cities ⁷⁴ do not report.

Only 3 cities—Akron, Tacoma, and Paterson—report that the health department is taking any part in the campaign against vice. Erie reports accomplishment along these lines in the hands of the "Committee of Sixteen," with "casual control by the present administration." Peoria reports that a two-months' "clean-up" was instituted at the end of 1923 to examine all prostitutes and to place under treatment those infected. Three cities—Albany, Omaha, and Providence—report that there is a "fair" amount of control over prostitutes; 11,⁷⁵ that there exists little or no control. Thirty-eight cities do not report. The remaining 43 cities ⁷⁶ report that responsibility for the control of the vice situation rests with the police department.

ARREST OF SEX OFFENDERS

Only 3 cities—Grand Rapids, Wilmington, and Waterbury—report that sex offenders of one kind or another are not arrested. Five

TABLE III.—Total number of arrests of sex offenders in 1923 in 37 cities

Number of arrests ranging from—	Cities
1 to 15.....	Rochester, Bridgeport, Evansville.
16 to 50.....	Dallas, Paterson, Spokane, Bayonne, Manchester.
51 to 100.....	Lowell, Wilkes-Barre.
101 to 200.....	Duluth, Fall River, New Haven, Oakland, ¹ Tacoma, Fort Wayne, Lawrence.
201 to 400.....	Flint, St. Paul, Scranton, South Bend, Springfield, Wichita.
401 to 600.....	Newark, Atlanta, Richmond.
601 to 1,000.....	San Francisco, Cincinnati.
1,001 to 1,500.....	Cleveland, Portland.
1,501 to 2,000.....	Boston, Los Angeles, Akron, Tulsa. ²
2,001 to 3,000.....	New Orleans, Toledo.
6,000.....	St. Louis.

¹ Oakland, record of juvenile arrests, no data for adults.

² Tulsa, record of arrests for "year ending May, 1923."

others report that arrests are made in some cases. Des Moines depends upon education as the chief preventive against this kind of misdemeanor and states that arrests are made only in drastic

⁷⁴ 1, 9, 14, 28, 34, 35, 36, 53, 73, 74, 75, 85, 89, 90, 97.

⁷⁵ 25, 31, 32, 34, 48, 51, 53, 54, 75, 91, 98.

⁷⁶ 1, 2, 4, 5, 6, 7, 14, 16, 17, 20, 21, 22, 23, 24, 27, 33, 35, 36, 40, 42, 43, 44, 45, 46, 50, 56, 58, 62, 64, 65, 68, 69, 70, 73, 80, 81, 87, 88, 92, 93, 96, 99, 100.

cases. In Jacksonville and Peoria arrests are "occasional"; in New Bedford, "limited, offenders being generally condoned"; in Lynn, that arrests are made for sex offenses though not so charged. Ten cities⁷⁷ do not report. The 82 remaining indicate that arrests are generally made when circumstances justify.

Not all cities keep separate records of arrests of sex offenders. Thirty-seven cities, however, report as to the total number of arrests of this character as shown in Table III.

EXAMINATIONS

Of the 87 cities reporting that arrests of sex offenders are customarily or sometimes made, 75 make examinations for venereal disease infections, while 7—Birmingham, Des Moines, Fall River, Fort Worth, New Haven, Norfolk, South Bend—have no such custom in practice. In the cities which do not require examination offenders are treated as are other criminals, and if convicted are fined, imprisoned, or placed on probation. One of these, New Haven, reports that examination is authorized by law, but not practiced; another, Des Moines, that according to State law examinations cannot be made. Five additional cities—Albany, Utica, Evansville, Savannah, Somerville—make no report.

Of the 75 cities reporting that examinations are made, 22⁷⁸ report that all persons arrested for sex offenses are examined. Jacksonville reports that all city prisoners are examined; Sioux City, all criminals. Eleven other cities⁷⁹ report that examination is made only when infection is suspected; 6—Akron, Hartford, San Antonio, Tacoma, Youngstown, San Diego—routine examination of women only. Boston reports that "examinations are voluntary, conditional to being placed on probation or sentenced to 30 days or more"; Schenectady, that arrested persons are examined if they so desire. Seattle examines all prostitutes, but only those men arrested who are known to be infected. Indianapolis examines "all cases detained." The 32 remaining of the 75 cities requiring examination do not specify as to the particular classes examined.

⁷⁷ 1, 10, 14, 20, 28, 47, 76, 85, 90, 97.

⁷⁸ 3, 4, 7, 8, 11, 22, 24, 27, 48, 62, 63, 64, 65, 68, 69, 77, 79, 81, 82, 89, 94, 100.

⁷⁹ 6, 12, 18, 23, 40, 43, 51, 52, 70, 80, 99.

DETENTION

There are several ways of dealing with infected persons after they have been discovered through examination. While the reports are not in every case sufficiently specific to permit a classification in regard to these methods, much of interest is given. Of the 75 cities requiring examination, 62 report that infected persons are detained for treatment. The procedure in some cities is to send such persons to jail, to a house of detention, to a reformatory, to prison, or to some other correctional institution where treatment is administered. Twenty cities follow this plan. Ten others place emphasis on the medical aspect of the situation and send infected persons to city or county hospitals. The remainder do not specify as to procedure of detention.

Lynn and Tulsa report that persons after examination are not detained for treatment. In Boston, Cincinnati, Portland, Indianapolis, Cambridge, and Dayton, infected persons are paroled to clinics or other place of treatment. Five cities—New Orleans, Elizabeth, New Bedford, Yonkers, Schenectady—do not report as to whether infected persons are detained for treatment after examination.

The length of the period of detention is not usually stated. In many cases the sentence is for a term long enough for a satisfactory course of treatment. In other cases, for example, Atlanta, Erie, and St. Louis, persons are held until noninfectious. Camden reports, "detention until trial," without information as to disposition afterwards. Denver, Erie, and Kansas City (Kans.) report that only women are detained. In the latter city, however, men are released on bond. Lawrence reports only those detained who are found spreading infection, in which case they are placed on criminal charge and sent to the State infirmary. Two other cities reporting detention give enlightening information. Memphis states that prostitutes are "prosecuted, given advice, and transported in some cases"; Providence, that "some are fined; some jailed; others, ordered out of town." In most cases, information is lacking as to the disposition of persons found uninfected after examination.

INSTITUTIONAL REFORM OF SEX DELINQUENTS

Fifty-nine cities report some attempt at institutional reform, outside of sentences in jails and prisons; 22,⁸⁰ no work of this nature. The 19 remaining⁸¹ gave no information.

Public institutions, under the management of the city, county, or State, are those most frequently reported as undertaking such reform. Thirty-four⁸² out of the group of 59, state that such work is done in public institutions; 13,⁸³ in private; 18⁸⁴ do not specify.

As to the results apparent from institutional reform work, a variety of opinions are expressed. Eleven cities indicate that results are "good"; 7 "fair"; 7 "poor," "not satisfactory," or "not apparent"; 15, "questionable," "not known"; while 18 cities do not report. Philadelphia reports that arrests in 1922 were 25 per cent fewer than in 1921.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN

Sixty-seven cities report some care of unmarried mothers and their children; 17,⁸⁵ no activities in this field; 16,⁸⁶ no report.

It is interesting to note that while work for reform is most often undertaken by public institutions, care of unmarried mothers and their children is generally assumed by private agencies. Forty-one cities⁸⁷ report private agencies doing work of this kind; 14⁸⁸ city or State activities; while 17 cities⁸⁹ do not specify as to whether this work is done by public or private agencies.

⁸⁰ 14, 15, 17, 25, 26, 31, 37, 48, 55, 56, 60, 71, 73, 75, 78, 80, 83, 90, 91, 92, 96, 98.

⁸¹ 1, 2, 10, 13, 20, 27, 28, 30, 50, 59, 65, 68, 69, 70, 74, 76, 85, 95, 97.

⁸² 3, 5, 6, 9, 11, 16, 18, 22, 24, 29, 32, 34, 39, 40, 41, 42, 43, 46, 47, 49, 51, 54, 57, 58, 61, 63, 72, 81, 82, 87, 88, 89, 99, 100.

⁸³ 3, 4, 6, 9, 11, 19, 23, 24, 52, 57, 86, 87, 93.

⁸⁴ 7, 8, 12, 21, 33, 35, 36, 38, 44, 45, 53, 62, 64, 67, 77, 84, 93, 94.

⁸⁵ 11, 26, 31, 49, 57, 58, 62, 65, 68, 71, 73, 75, 79, 80, 90, 91, 96.

⁸⁶ 1, 4, 8, 10, 19, 22, 28, 30, 47, 56, 67, 82, 85, 92, 93, 97.

⁸⁷ 3, 5, 6, 7, 12, 13, 16, 18, 21, 27, 32, 34, 37, 38, 40, 41, 44, 46, 48, 50, 51, 52, 53, 54, 55, 63, 64, 66, 70, 72, 76, 77, 78, 81, 83, 84, 86, 87, 89, 99, 100.

⁸⁸ 3, 15, 18, 20, 33, 39, 42, 43, 50, 69, 88, 94, 95, 98.

⁸⁹ 2, 6, 9, 14, 17, 23, 24, 25, 29, 35, 36, 45, 59, 60, 61, 74, 98.

SUPERVISION OF DANCE HALLS AND THEATERS

Three-fourths or 75 of the cities surveyed report some supervision of dance halls and theaters; 15,⁹⁰ none; 10 cities⁹¹ furnish no data. Of the 75 cities with supervision, the large majority, or 58, leave such supervision to the police department or to special inspectors supplied by the city. One city, Buffalo, states that such work is under the office of the mayor. Dallas and Kansas City (Mo.) report that this work is done by welfare boards, while Paterson states that such activities are in charge of the "Recreation Department and Protective Officer." Thirteen cities⁹² do not report.

EXAMINATIONS TO DETECT NEURO-SYPHILIS

Only 5 cities—Detroit, St. Louis, New Bedford, Providence, Fort Wayne—report routine examinations to detect neuro-syphilis in persons responsible for serious accidents. Thirteen cities—Boston, Chicago, Detroit, St. Louis, Portland, Jacksonville, New Bedford, Oakland, Providence, Richmond, Bayonne, Fort Wayne, Sioux City—report regular examination of criminals to detect possible neuro-syphilis. Nine cities—Boston, Chicago, Detroit, St. Louis, Portland, Richmond, St. Paul, Fort Wayne, Savannah—perform routine examination of loafers to detect neuro-syphilis. Five cities—Chicago, Detroit, Richmond, Fort Wayne, Sioux City—report regular examination of anarchistic agitators for neuro-syphilis.

OFFICIAL AND NONOFFICIAL ATTITUDE TOWARD THE CONTROL OF
VENEREAL DISEASES

Seventy cities report the police as coöperative toward the general program for the control of venereal disease; 5 cities, the attitude of such officers as "fair"; and 11, that the police are opposed to the work, or are generally unfavorable toward it.

Seventy-five cities report the attitude of the courts as "favorable" toward the existing program for the control of venereal disease; 5 others, report a "fair" amount of coöperation; 9, that the attitude of the courts is "unfavorable."

Fifty-seven cities report physicians as generally coöperating in

⁹⁰ 7, 9, 29, 31, 41, 44, 48, 58, 63, 75, 78, 79, 83, 89, 93.

⁹¹ 1, 10, 28, 30, 32, 47, 76, 85, 92, 97.

⁹² 12, 13, 19, 26, 35, 49, 57, 59, 61, 70, 82, 90, 95.

such program as exists for the control of venereal disease; 8, that there is a "fair" amount of coöperation. Twenty-three cities state that physicians are "indifferent," "unfavorable," or "opposed" to the program.

Analysis of statements regarding the attitude of the public on this question shows that 39 cities report a "favorable" or "coöperative" attitude; 9, a "fair" amount of coöperation. In 36 cities the program of venereal disease control is reported as unpopular with the public.

Material on the questionnaires in regard to the duties of probation officers and policewomen is, for the most part, limited and difficult to classify. It is possible, however, to state that 68 of the 87 cities which report probation officers or policewomen, or both, give some information as to duties of such officials, classified under four main headings as follows:

1. *Supervision of delinquents, including court assistance.*—In this class 12 cities report duties of the officers in question as "general"; in 7, as concerned with supervision of children, incorrigibles, or prostitutes; in 12, as probationary control; in 7, as case follow-up, including court wards. Ten cities report duties of these officials under the general head of "court assignments." In 4, officers make investigations for courts; in one, the officials in question "verify statements and recommend adjustments"; in another, such officers "enforce the law."

2. *Supervision to prevent delinquency.*—Duties of probation officers and policewomen in certain cities are classifiable under the general heading, "Supervision to prevent delinquency." In 3 cities, officers under this heading perform work of a general nature; in 13, officials are concerned with supervision of amusement places; in one investigation of homes unfit for children.

3. *Assistance in matter of venereal disease treatment.*—In various cities probation officers or policewomen give assistance in the matter of treatment. Two report officers specially assigned to venereal disease cases. In one city provision is made for accompanying prisoners to clinics; in 4, officials are concerned with follow-up work in reference to treatment.

4. *Protective powers.*—Six cities report that probation officers and policewomen are mainly engaged in protective work.

PROBATION OFFICERS

Three-fourths, or 75 of the cities covered by the present survey, report probation officers; 11 ⁹³ have no such officers; 14 ⁹⁴ furnish no information. A few cities give the number of persons thus employed. In Group I, Cleveland reports 6 probation officers, Philadelphia, 15; in Group II, Indianapolis, 5. In Group III, Flint reports one probation officer; Duluth, Lynn, Oklahoma City, Reading, Spokane, each 2; Springfield, 4. In Group IV, Lawrence reports one probation officer; El Paso, 2.

In most cases it is probable that such workers are provided by the city. In a few cases, however, it is definitely stated that such persons are county officers or members of nonofficial agencies.

POLICEWOMEN

Sixty-five cities report one or more policewomen; 23 ⁹⁵ that they have no such officers; while 12 cities ⁹⁶ make no report. Twenty-seven of the 65 give the number employed. Thus each of the following cities—Rochester, Duluth, Elizabeth, New Haven, Reading, Bayonne, El Paso, Savannah, and South Bend—reports one policewoman. Eleven cities—Cincinnati, Columbus, Denver, Newark, Fall River, Flint, Nashville, Richmond, Tacoma, Trenton, and Lawrence—report 2 such officers each; Cleveland, 2 to 3; Louisville, Lowell, St. Paul, Springfield, 3; Boston, 5; Indianapolis, 22. The remaining 38 cities reporting such officers do not state the number.

EDUCATIONAL CAMPAIGN

From the general purpose of the investigation, it would naturally be assumed that questions under the section, "Educational Campaign," refer to the educational activities of municipal health departments. However, answers received indicate different interpretations of these questions, and in various cases activities of other official agencies as well as of certain voluntary agencies, are mentioned. In the present analysis, it has been assumed that answers listed on the

⁹³ 7, 26, 32, 35, 45, 48, 71, 73, 92, 96, 100.

⁹⁴ 1, 10, 14, 15, 24, 27, 30, 56, 76, 78, 85, 89, 97, 99.

⁹⁵ 9, 18, 33, 35, 36, 44, 47, 48, 49, 56, 57, 58, 60, 65, 67, 73, 74, 79, 83, 88, 90, 98, 100.

⁹⁶ 1, 8, 10, 23, 27, 30, 77, 78, 85, 93, 97, 99.

questionnaire refer to the municipal health department, unless otherwise stated, in which case exceptions are noted. For the reason mentioned, such figures as are given should not be taken as entirely conclusive.

Twenty-five cities report efforts toward sex education in schools. Fourteen cities report regarding these activities, "little," "casual," or "not much"; 5—Portland, Washington, Yonkers, Schenectady, and Troy—furnish no information on this subject. The remaining 56 state that no sex hygiene is taught in the schools.

St. Louis and Cincinnati state that educational work is done by the local social hygiene society. In the latter sex hygiene courses given by men and women lecturers have been made available for school teachers and about 50 lectures have been given to groups of upper grade school children. Milwaukee reports that the "Y. M. C. A. gives talks in the high school indirectly on sex subjects." In Spokane work of this nature is done by the health and sanitation committee of the Chamber of Commerce by means of lectures and lantern slides; in Wilkes-Barre and Hartford, by the Board of Education; in Camden, by the State in coöperation with the city.

Seventeen cities report sex education work in churches; 16 others, a limited amount of this work; 9, no report. Fifty-eight cities report that there is no sex education in churches.

Twenty-five cities report social hygiene education in societies; 15, a limited amount; 15, no report. The remaining 45 cities report that they have no such activities.

Seventy cities report the use, in some degree, of pamphlets and of exhibits or motion pictures, or both; 25, that these aids are not used; 5 cities—Louisville, Washington, Knoxville, Somerville, and Troy—no report. Comparatively few cities give any details as to the use of these aids.

Twenty-six cities report that literature on the subject of sex hygiene is provided in libraries. One of these, Boston, reports that the State Department of Health furnishes public libraries with material, and that the Massachusetts Society for Social Hygiene maintains a free library of 1200 volumes on sex hygiene, from which about 150 volumes are circulated monthly in the city of Boston. Pittsburgh reports that "books are available on request." Three others—Cincinnati, Richmond, and Allentown—state that such literature is provided in a small

or limited degree. Eleven furnish no data. The remaining 59 cities report no provision of literature on sex hygiene in libraries.

Thirty-four cities report "keeping fit" campaigns. Sixteen make no report. The remaining 50 cities state that they have no special educational work of this sort.⁹⁷

Other educational activities which are reported are usually activities of agencies other than the city health department. Sixteen cities report work of such nature. Of the largest cities Boston indefinitely reports, "education against 'quack' remedies and self-treatment." The report from Chicago notes coöperation of the press, this resulting in a freer discussion of the subject of venereal diseases. Cleveland reports "indirect activities through the Boy Scouts and Camp Fire Girls organizations." New York carries a large program through the Public Health Education Bureau. Portland, in Group II, reports "Lectures and newspaper articles." The report on Toledo states that the "Social Service Federation is active to some extent in trying to improve housing conditions which are said to favor vice in general." In Group III, Des Moines reports, "articles in newspapers"; Elizabeth, occasional lectures, talks, and articles in newspapers. Hartford reports a Social Hygiene Society, whose program is entirely educational. The report adds, however, that the society "is at present practically inactive." Nashville reports lectures delivered under the auspices of the State Department of Health, which agency has also supplied literature to clinics and nursing organizations; New Bedford, that "several meetings, with lectures, have been held to educate the public." Oklahoma City, in reporting on this point, stresses the "advice given to patients and others at clinics." Omaha reports only that "lectures on the necessity of educational health campaigns have been given to segregated audiences." Scranton's report on this item is brief—"lectures." Very general and sporadic activities are reported by the city of Wilkes-Barre, in Group IV, these being under semi-official agencies, such as the Visiting Nurses' Association. St.

⁹⁷ EDITOR'S NOTE.—The original questionnaire phrased the question as "Keeping Clean Campaigns and Value of Soap and Water." The replies indicate that considerable confusion arose over the meaning of this question. Apparently most of the replies covered "keeping fit" campaigns which were extensively promoted by the United States Public Health Service and the American Social Hygiene Association; many evidently thought this referred to general clean-up campaigns; some have probably considered that it referred to cleanliness in relation to sexual contacts.

Joseph reports some work in connection with the Red Cross Clinic. Twenty-nine cities ⁹⁸ state that they have no "other activities" of an educational nature. The 55 remaining cities do not report as to "other activities."

ACCOMPLISHMENT

The reports of 41 cities indicate that various educational activities have yielded results. Eight cities ⁹⁹ indicate "some," "limited," or "very little" accomplishment; 13 ¹⁰⁰ find it impossible to estimate, are "doubtful" or "indefinite"; 18 ¹⁰¹ no accomplishment along educational lines; 20 cities ¹⁰² make no statement on this point.

Twenty of the 49 cities reporting varying degrees of accomplishment by educational measures indicate that such measures have led to an increased demand for treatment. Twenty-three cities emphasize the value of educational activities to the general public. Of these cities, Newark reports that "inquiries received indicate something accomplished in a general educational way"; Omaha, that "the public is willing, indeed anxious, to be informed as to the prevention and control of venereal disease," while "before the war it was almost impossible to get an audience who would allow a speaker to mention venereal disease." Providence reports, "widespread interest and awakening of the public to venereal disease danger and great economic loss"; Boston, that "venereal infection is no longer regarded as a joke"; Buffalo, "general knowledge of sex matters and venereal disease"; Cincinnati, "many have learned the fundamentals of sex hygiene and probably many have been spared the acquisition of venereal disease." An additional city, Reading, somewhat vaguely reports, "failed to popularize subject; probably awakened sense of dangers; public averse to publicity." Three cities—Detroit, Birmingham, and Kansas City (Kan.)—report simply that there has been reduction in venereal disease. Minneapolis reports, "stimulated coöperation of doctors and public." The report on Memphis states that the work done by the city health department, in the matter of handling obstinate cases, has earned the coöperation of physicians in

⁹⁸ 7, 15, 16, 29, 32, 36, 42, 43, 44, 47, 48, 52, 60, 64, 66, 68, 69, 73, 75, 80, 82, 84, 88, 89, 91, 92, 94, 95, 98.

⁹⁹ 43, 57, 58, 63, 74, 79, 89, 100.

¹⁰⁰ 1, 13, 29, 34, 37, 41, 55, 56, 67, 68, 69, 76, 99.

¹⁰¹ 11, 16, 27, 33, 36, 42, 44, 60, 64, 66, 73, 75, 81, 82, 85, 88, 91, 96.

¹⁰² 4, 9, 10, 14, 19, 23, 28, 51, 54, 62, 77, 78, 84, 87, 90, 92, 93, 95, 97, 98.

many instances. Additional points noted, as the result of activities on the part of the Memphis city health department, are the establishment of "a large venereal disease clinic," and "support by the police department and the lower courts." Jersey City reports, "no prostitutes in city"; Portland and Hartford, abolition of restricted districts. Four cities—Buffalo, Portland, Tacoma, and Knoxville—report a decrease in the number of persons resorting to quacks and quack remedies. St. Louis, in reporting, comments upon the greater publicity in the newspapers as resulting from the educational campaign. Kansas City, Mo., is "unable to state" what educational measures have accomplished; Richmond has "no definite figures or statements"; and Spokane "does not know." The remainder of the 49 cities reporting accomplishment from educational measures do not specify as to kind.

A PIONEER SOCIETY AND ITS PROGRESS

GEORGE R. DODSON, *Honorary President*, and
CHARLES E. MINER, *Executive Secretary, Missouri Social
Hygiene Association*

On January 25, 1909, in response to a call signed by 113 physicians, ministers, lawyers, labor leaders, judges, financiers and laymen, and other leaders of civic and social life of the city, about one hundred citizens assembled to devise a plan for "combating the diseases which have their origin in the social evil." At the close of the evening's discussion this group created an organization known as the "Saint Louis Branch of the American Society of Sanitary and Moral Prophylaxis."

The minutes of that meeting contain a significant reference to the purpose and program of the society, "Those who go into this movement understand fully that it is one of the most difficult and delicate tasks in the world, one that requires consummate judgment, tact and skill. There is no thought of any brief, unintelligent, intermittent and spasmodic crusade against vice. Our work is mainly, almost purely, educational."

The prestige given the organization by its membership was such that it met with practically no opposition. The sustained interest of its executive committee is evidenced by the fact that for five years the committee met twice each month and failed of a quorum but twice,

once because of a severe storm and again through imperative professional engagements.

Early in 1910, the executive committee, realizing that this movement was one of the four or five most important in the whole country, and that it represented the small beginnings of what was hoped would become great, suggested to Dr. Prince A. Morrow, of New York, that advantage be taken of the expected presence of a number of representatives of the various social hygiene societies at an announced meeting in St. Louis, of the American Medical Association and the American Academy of Medicine, for the consideration of a federation. Out of this suggestion grew the creation of the American Federation for Sex Hygiene, which later merged with other organizations to form the American Social Hygiene Association.

The St. Louis organization, known first as the St. Louis Society of Social Hygiene, then as the Missouri State Social Hygiene Society, is now incorporated as the Missouri Social Hygiene Association. Through the efforts of busy volunteers, assisted on occasion by part-time and full-time paid service, this organization gave approximately two thousand lectures prior to the World War. The absorption of a large number of the active members of the society into war service necessarily contracted its activities.

In 1923, through the vision of the St. Louis Community Fund and Community Council in seeing that social hygiene is a necessary activity in a well-rounded community welfare program; through the interest and influence of citizens, especially a number of prominent women; and through the generosity of the American Social Hygiene Association, the Missouri organization embarked upon the four-fold program generally called "The American Plan for Social Hygiene."

Supported by many years of service free from undermining errors, the Board of Directors, whose new membership represented the principal groups most interested in social hygiene, undertook first to discover the exact needs of the community through a comprehensive survey. This survey, completed in 1923, by the staff of the American Social Hygiene Association, with half its cost representing a contribution by that organization to the promotion of social hygiene in St. Louis, is the basis for the present program.

The four divisions of the program—Recreation and Protection, Education, Repression (or law enforcement), and Treatment—are in charge of committee chairmen who also serve as members of the Board

of Directors. These persons, together with a fifth director as chairman, make up the executive committee. Thus the promotion of a well-rounded program is possible without at the same time subjecting any committee to artificial restrictions in policy or procedure. The character of the Board of Directors, made up of men and women of established position who are leaders in various fields in which social hygiene is logically included, more than any other factor is responsible for a general acceptance of the program throughout the community.

Membership in the Community Fund not only releases the staff (consisting of a full-time executive secretary, a part-time educational director, and a stenographer) and members of the Board of Directors from financial details for furtherance of the program itself, but gives a standing in the community which probably could not be attained in any other manner. Membership in the Community Council, an association of 97 agencies and organizations, affords opportunities for contact with interested groups through which one part or another of the social hygiene program may be placed in operation.

It has been a settled policy of the Association to promote its program, wherever possible, through and as a part of existing organizations. In furtherance of that policy it has steadily promoted the interests and usefulness of other agencies with a view to strengthening at the same time the effectiveness of whatever social hygiene may have been included.

An example of the operation of this policy is furnished by the Conference on Our Community and Its Youth, a conference on protective measures, which was suggested by the Association's committee on recreation and protective measures, and to the promotion of which the staff was assigned for practically full-time for four months. In all publicity and other references to the conference the Association assumed only a place equal to that of any other of the 97 organizations which participated. The Directors have concluded that this policy results in giving to all the participating organizations a sense of having shared in the undertaking and thereby helps to establish the conclusions of the conference in the permanent program of each of the groups represented. This policy has been extended to permit participation of members of the staff in community undertakings not closely allied to social hygiene, on the assumption that because staff members are most widely known through their official connection the program for whose promotion they are responsible will become more generally recognized.

Publicity is regarded as so essential to the success of social hygiene that a sub-committee of the committee on education has interpretation, propaganda, and other printed and spoken publicity as its only responsibility.

Details of the program are prepared by committee chairmen with the assistance of the staff, and included in a joint statement of anticipated accomplishments which is considered at length at the annual meeting. This statement, when finally adopted by the Association by vote, serves as the goal for the year ahead. Reports of progress are presented at monthly meetings of the Board of Directors, at which time also any necessary rearrangements of services or activity are determined upon. Coördination of programs presented by the committee chairmen is made by the chairmen themselves, sitting as the Executive Committee.

Through this plan of organization the conclusions formulated upon a survey of the needs of the community, with such modification from time to time as may be necessary, are being carried into effect. The Association as a whole understands what is contemplated for the year ahead. The Directors know what has been included in the program for any specified period and the committee chairmen, members, and the staff have a clear picture of what accomplishment may be expected by the end of that period. At the same time this "budgeting" of effort permits of instant rearrangement by action of the Board of Directors and thereby prevents artificiality.

The major emphasis in division of program has been in conformity with the conception of the founders of the Association, that its first and most effective service is in education and recreation and protective measures. The development of social hygiene seems to confirm the assumption that in these fields lies the greatest hope for the problem's true solution. At the same time there is a clear understanding that repression and treatment should continue as necessary parts of the program until the conditions they are designed to remedy shall have become much less serious than they are at present.

The genius of the Missouri Social Hygiene Association lies in its having a long history free of damaging mistakes. It is free of cramping financial difficulties. It participates in a recognized community program. It is governed by a Board of Directors of high standing, vision and energy. With a clear picture of its objectives it is willing to assist in their realization through other agencies.

EDITORIAL

LAW AND THE DRAMA

Opponents of official censorship are pointing to the closing of three objectionable theatrical productions on Broadway, New York City, as good evidence for their position. They claim that adequate enforcement of laws already enacted in most communities will provide the needed remedy for such abuses.

Of the three plays which caused widespread public feeling, one dealt with homo-sexuality in women and the other two were criticized for their alleged exploitation of other situations involving gross sexual conduct. The first was conceded by numerous critics to be well written and sincerely acted, but there were many who believed that the theme was fundamentally unfitted for use as the basis of a public spectacle. The producers, after several legal skirmishes, decided to withdraw it rather than face trial.

The other two productions have been described as crude attempts to see how far indecency might be portrayed without provoking official restraint and of one, it was testified that its sponsors hoped for a police raid in order that they might profit through its resulting publicity. The actors and producers of these two elected to defy official warnings and to continue playing until brought to trial. In each case the defendants were found guilty, one group being tried before a jury, the other by a judge without jury.

Lawyers for the defense labored valiantly to prove the innocence of their clients. They dragged in the Bible, Shakespeare, and other examples of all that is fine and true in literature in the effort to befog the issue by quotations of isolated paragraphs. They declaimed passionately that the tawdry scenes which they were attempting to justify, taught a "great moral lesson" and that our American heritage of "free speech" was threatened. But the juries and judges disagreed with these oratorical gestures to the extent that the defendants were found guilty and a number of them sentenced to terms in the workhouse.

It is interesting to note that many of the most influential members of the theatrical profession were leaders in decrying the productions in question and in urging the stage to clean up from within before

outside pressure was exerted. This suasion was disregarded, however, by the opportunists who were willing to challenge public decency and to endanger the whole theatrical structure as long as the dollars flowed in.

The secretary of the Actors Equity Association was quoted as saying, "I feel that it was very unfortunate that these trials had to be held, but I cannot help feeling that it does clear the situation and will be of benefit."

The Aldermanic president, who as Acting Mayor last January, directed the policy of vigorous action, expressed his satisfaction in the statement, "Salaciousness cloaked as art is doomed as a box office proposition and pathological problems will not, in the future, be safe offerings with a stage for a dissecting room."

The district attorney closed his comments by saying "The verdict is a lesson to those who have sought to coin dirty dollars out of objectionable plays."

Whether or not a lasting solution of the handling of this problem has been arrived at, it seems worth noting that, in these instances at least, it was possible to secure the abatement of objectionable productions through ordinary, available legal processes, and within a comparatively brief space of time. The prosecutions also serve notice that there is a limit to the public tolerance of theatrical productions which depend mainly on crude salacity for their appeal.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
December, 1922, Volumes I-IX*

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Educational Films.—In conformity with the recommendation formulated by the International Cinematograph Congress held in Paris last September under the auspices of the International Institute for Intellectual Cooperation, measures have been taken for formulating the constitution of the International Cinematograph Bureau which will deal with questions relating to the production and diffusion of films of social and educational value. The League of Red Cross Societies has been invited to coöperate.

The March 1st number of the *Information Bulletin* reports the action taken at the two meetings by the Director of the Institute for Intellectual Coöperation—one for educational and social welfare organizations, held on December 20th, and the second for teachers and educators, held on January 13th, last—it was decided that the Bureau should be formed on the model of the International Museums Organization which is functioning at the Institute. The Bureau would be based upon the existing Cinematograph Research Service of the Institute, the organization of which would be considerably extended to meet the new requirements. It would receive a specific mandate and be subject to the control of a governing commission which would also act in an advisory capacity and so complete the organization of the "International Bureau of Moral and Educational Films."

With a view to the definite foundation of such a bureau, statutory powers were vested in two Commissions composed of delegates attending the two preliminary meetings. This joint assembly adopted the draft statutes which will later be submitted to the League of Nations Council for approval.

The tasks which will devolve on the International Bureau include:

- (1) The international diffusion of suitable films.
- (2) Cataloguing of existing educational films.
- (3) Establishment of an information service.
- (4) Establishment of an expert's advisory service.
- (6) Establishment of a propaganda service for selected films.

Social Hygiene Education.—An item in *Public Health News*, February–March, 1927, stresses the importance of caution in education work in the control of venereal diseases, and the necessity of tact and delicacy on the part of the public speaker on social hygiene. In its lectures the Bureau of Venereal Disease Control, New Jersey State Department of Health, insists on having the group to be addressed homogeneous; the speaker adapts his material to fit the audience. Speakers are supplied anywhere in the state without expense to the local community when a minimum audience of twenty-five is assured. There is an increasing acceptance by high school principals of the service of experienced lecturers (men and women) to address the boys and girls respectively on social hygiene. Every season adds to the number of schools which want addresses. During the last half year talks have been given in high schools to 78 groups of boys and 25 groups of girls, with a total attendance of 12,625 students.

The total number of addresses given by representatives of the Bureau of Venereal Disease Control from July 1 to December 31, 1926, was 107, with an attendance of 15,680. During that time 50,491 pamphlets were distributed.

National Conference on Social Work.—The fifty-fourth annual meeting of the National Conference of Social Work will be held at Des Moines, Iowa, the week of May 11 to 18, 1927. Two special days have been designated for the conference, one of them is to be "Education Day," the other "Student Day."

The tentative program for the meeting has been divided into twelve divisions: Children, Delinquents and Corrections, Health, The Family, Industrial and Economic Problems, Neighborhood and Community Life, Mental Hygiene, Organization of Social Forces, Public Official and Administration, the Immigrant, Professional Standards and Education and Educational Publicity.

Dr. William F. Snow will preside over Division III, the Health

division of the Conference. "The Trail of Social Hygiene in Social Work" is the heading in this division under which social hygiene problems will be discussed on Wednesday, May 18. The three topics will be (1) Social Hygiene Problems That Confront the Social Worker; (2) The Relationships of Vision Defects and Venereal Disease; and (3) Prevention Versus Salvage.

Kindred groups will hold meetings at the conference. These include the American Association for Community Organization, American Association for Organizing Family Social Work, American Association of Hospital Social Workers, American Association of Psychiatric Social Workers, American Association of Social Workers, American Country Life Association, The American Red Cross, Child Welfare League of America, Committee on Publicity Methods in Social Work, Committee on Relations with Social Agencies of the National Association of Legal Aid Societies, Girl's Protective Council, Home Economics Group, International Association of Policewomen, National Conference of International Institutes, National Conference of Social Service of the Protestant Episcopal Church, State Conference Secretaries, and National Probation Association.

Psychological Abstracts.—The American Psychological Association began the publication of its new journal, *Psychological Abstracts*, with the January 1927 number. It is edited by Professor Walter S. Hunter of Clark University, assisted by the following coöperating editors from foreign countries: F. C. Bartlett, Cambridge University; V. M. Bekhterev, Leningrad; Ed. Claparede, University of Geneva; G. C. Ferrari, University of Bologna; A. Michotte, University of Louvain; H. Pieron, Sorbonne; M. L. Reymert, (formerly) University of Oslo; and W. Wirth, University of Leipzig.

The journal is international in character. It consists of non-critical abstracts of articles and books on psychological and cognate subjects, which appear as soon as possible after the original publication. These abstracts are prepared by competent psychologists in America and Europe. They are published in English, and average one hundred and fifty words each.

The scope of *Psychological Abstracts* is indicated by the accompanying classification of its material: General Topics in Psychology, Sensation and Perception, Feeling and Emotion, Attention, Memory and Thought, Nervous System, Motor Phenomena and Action, Plant

and Animal Behavior, Evolution and Heredity, Special Mental Conditions, Nervous and Mental Disorders, Social Functions of the Individual, Industrial and Personnel Problems, Childhood and Adolescence, Educational Psychology, Biometry and Statistics, and Mental Tests.

H. S. Langfeld has been appointed Business Editor of the publication.

The Unmarried Mother in Massachusetts.—The Massachusetts Department of Public Welfare recently made a survey of 100 unmarried mothers and their babies who have been under care for some time, to determine the value of such long time supervision. The results of the study are summarized by Flora E. Burton of the Department in *Child Welfare League of America Bulletin* for February 15.

“Fifty-eight mothers had entirely supported their children; 34 partially supported their children, but only 38 fathers contributed towards the support of the children. Thirty-four mothers had married, 2 to the fathers of their children; 78 were self-respecting, 21 were living questionable lives, 1 had died. Eighty-eight were self-supporting; 66 had been received back into their own families, 6 were still ostracized, and 28 had no families in this country. The fact that 59 of these 100 mothers had had 68 illegitimate children before coming into care, and only 11 had had illegitimate children while under care, is a test of the value of long-time supervision.

“The 101 children show interesting facts. Ninety-eight of these children were living and in good health, largely due, we believe, to care given by the mother during infancy. Sixty-three were with their mothers; 23 were boarding in foster homes; 2 had been adopted, and 3 had died of diphtheria. These children were well cared for in good homes. Longtime supervision had prevented careless placement, poor adoptions, and perhaps the loss or the death of some children.”

Social Hygiene Lectures for Student Nurses.—This year the New York State Department of Health has, for the first time, sent a lecturer into the training schools for nurses to address the student nurses on the subject of social hygiene. According to *Venereal Disease Information*, February 20, these courses have been well received, so much so that it was thought worth while to give two or three lectures instead of one as it had originally been planned. The

etiology, the course of the disease, and the sequelae of both syphilis and gonorrhea are discussed. Especial emphasis is laid on control measures and the function of the nurse in the prevention and control of these diseases. The outline of the lecture course can be secured from the United States Public Health Service.

Illegitimacy in Europe.—"For Unmarried Mothers in Europe" is the title of an article by Mildred D. Mudgett in *Survey* for March 15, 1927. In Teutonic countries, according to Mrs. Mudgett, the protection of illegitimate children has been accepted as the responsibility of the state; in Latin countries the care devolves upon private persons. Germany and Austria are alike in having both national and local administration of measures in their behalf. The National Ministry of Social Welfare in Austria which frames the laws for the eight provinces, has three divisions: health, social insurance and industrial relations and child welfare. Vienna, with a population of three millions, has thirteen district offices of the Jugendamt, which is the local child welfare bureau. In one of these which Mrs. Mudgett visited there were eighteen case workers, each carrying from one hundred and fifty to two hundred cases, of which about half concerned illegitimate children.

Austrian social work is unique in that instead of separating the duties of social work and nurse it combines them in the person of a worker known as the *Fursorgerin*. Her activities include juvenile court case investigation, probation work, supervision of illegitimate children, advice as to employment and supervision of employed minors, control of day nurseries, inspection of institutions for children, relief, the conduct of health centers and the general work of the health visitor.

As soon as the hospital notifies the child welfare office of the birth of an illegitimate child, the *Fursorgerin* visits the mother to obtain the name of the supposed father. His address is obtained from the central registration bureau, which has the names and addresses of the entire population, by a man worker, who writes to him. If he fails to come to the office or refuses to recognize the child, action is started in the juvenile court and continued in the district court. When paternity is established he must pay 15 per cent of his wages until the child is fourteen years old or through school. About one-fifth of the fathers contest the action or refuse to pay and the money has to be collected by the Jugendamt; failure to pay, when able, results in

a penal sentence of five years. If father and mother are in different places her testimony may be forwarded to his local Jugendamt and she need not appear.

Most of the births take place in hospitals; there is little child abandonment and no serious problems of baby farms. The cost is met by the benefit which every woman worker receives from the national maternity insurance scheme. When the mother is ready to leave the hospital, she is told where she can get help in caring for her child. She may, if she wishes, go to a municipal home for four months while she is nursing it and when she goes to work, the child will be boarded for her. Before being placed the child has a thorough physical examination; for older children a mental examination is included. At the age of two the child may enter an all-day kindergarten at fifty cents a week, and up to that time, if the mother prefers the child may be placed in a day nursery.

In Czecho-Slovakia the illegitimate child summons its putative father to court through its guardian and the unmarried mother is considered only a witness. In cases which involve more than one man the burden of proof is on the man whom she names. If paternity is established, the father must pay according to his social status, about one-eighth or one-ninth of his wages, unless he is well-to-do. He may have to pay for the higher education of the child or for support beyond the ordinary age limit if the child is crippled. There are still some lump settlements made, but the tendency is against them.

A public guardian is assigned to every illegitimate child in Switzerland during the first year of his life. The first duty of the guardian is to locate the father and secure support. Case work with the girl and her family is done by the maternity home as the public guardians are chiefly young lawyers without social training, although a few graduates of schools for social work have gone into the department.

In Holland, the city of Amsterdam has a very satisfactory combination public and private effort for the unmarried mother and her child. A recent study of the past ten years revealed that most of the children are still with their mothers. The Armenraad is an organization composed of representatives of all the social agencies in the city, supported by public funds. One of its several committees deals with the unmarried mother and her child. Working jointly with this committee is another composed of representatives of ten agencies concerned with illegitimacy, such as maternity homes and children's institutions. The second committee handles the legal side of the

problem. If paternity is established, the father pays until the child is sixteen whatever amount the court fixes, usually two dollars a week. The child may take the father's name, but that is not urged, since if the mother marries again, the child cannot take its adopted father's name if he has already taken that of his natural father's.

In France work with unmarried mothers is done by the social service departments of the hospitals in connection with maternity clinics. The distinction made is not whether the girl is married or unmarried, but whether she is still living with the father of the child. If the girl is alone, provision is made for her in a private home or in one of the three municipal homes. Confinement takes place in a hospital. Then if the mother must work, she is advised to place the child in what is known as a center. The centers are receiving homes and milk stations combined, in small villages, from which the children are boarded in private families. The boarding mother calls for the milk and reports the condition of the child. If necessary the nurse visits the child daily and if ill the child may be brought into the center until he is well. Assistance in paying for the child's board is given the mother from public poor relief at the rate of a dollar and a half a week for the first year and a dollar and a quarter for the second, and a dollar for the third. If the mother is still living with the man, the social worker finds out the obstacles to the marriage and helps them to obtain free legal aid if a divorce is necessary. In any case, they try to persuade the father to recognize the child at the police station, as he may then be held for its support.

England occupies a position half way between Latin and Teutonic attitudes. There is some legislation but the social workers realize that it is not enough. Some excellent work is being done under private auspices. The Day Servants' Hostels are homes where girls live with their children until the latter reach five years of age and go out by the day to regular service positions. Although the English law requires the father of an illegitimate child to support it, the practical difficulty in enforcement is lack of legal assistance for the girls in court.

Mrs. Mudgett points out that European child welfare work differs from ours in general in that more of it is supported by public funds than is the case here. She believes that America has much to learn from some of the solutions that these other countries have evolved, especially since the war.

Venereal Disease Control in Germany.—After more than a year of agitation, a bill pertaining to the combating of venereal diseases has been accepted by the reichstag, reports a correspondent for the *Journal* of the American Medical Association. The bill was strongly opposed by quacks because it restricts the treatment of venereal diseases to physicians, whereas formerly quacks were allowed to give treatment. Syphilis and gonorrhea are within the scope of this law without reference to what parts of the body are affected.

Anyone affected with a venereal disease that is liable to prove infectious and has knowledge of the fact, or should assume that he is so affected, is under legal obligation to seek treatment by a physician holding a medical diploma issued by the government. Parents, guardians and educators are legally bound to procure proper medical treatment for persons in their care who have contracted venereal disease. The authorities must provide gratuitous treatment for persons who cannot pay for it. Competent health boards are empowered to compel persons who are strongly suspected of having a venereal disease whereby others are being exposed to infection, to present a medical certificate setting forth their condition of health or to submit to an examination by a physician. Such persons may be required to submit to an examination by a physician. These persons may then be required to accept treatment and may, if necessary, be interned for that purpose in a hospital. If necessary physical force is permissible.

Anyone who cohabits, when he knows, or should assume, that he has a venereal disease that is liable to infect others shall be sentenced to prison for three years. If the sexual intercourse in question occurred between married or engaged persons, action will be taken only on demand of the injured person. The same punishment holds for the person who marries without informing his or her future spouse of the presence of venereal disease. Treatment of the diseases must be based on actual observation of the patient; distant treatment and likewise instruction in self-treatment are prohibited. Violations of this provision are punished by a fine or prison sentence up to one year. The same punishment is given the physician who offers his services in an unauthorized manner for the treatment of venereal diseases.

Physicians are required to supply their venereal patients with an official leaflet containing information in regard to the nature of the disease with which they are affected. Physicians must furthermore inform health officers of competent jurisdiction if their patients cease to appear from time to time, as required, for re-examination, or treat-

ment, or if, by reason of their occupation and their personal relations, they expose others to infection. Anyone who recommends, or advertises publicly remedies, devices or procedures for the relief of venereal diseases shall be given a prison sentence up to six months or shall have a fine imposed. An exception is made in favor of advertisements in scientific, medical or pharmaceutic journals.

Any woman who knows she has a venereal disease and yet nurses the child of another, shall be fined or be given a prison sentence up to one year. Furthermore anyone who allows a child affected with syphilis or other venereal disease, for whose care he is responsible, to be nursed by any other person than the mother, although the condition of the child is known to him, is subject to a like penalty. The same penalties await a person who shall board out a child affected with venereal disease without informing persons caring for the child of the condition. The following will also be punished by fine or imprisonment: (1) a nurse who suckles the child of another without having secured a medical certificate, saying that she is not affected with venereal disease; (2) anyone who employs a wetnurse for a child, without such a certificate, and (3) anyone who allows a child for whom he is responsible to be nursed by any other person than the mother without first consulting a physician. Furthermore, districts bounded by certain streets within which commercialized vice is permitted are prohibited by this new law.

National Negro Health Week.—The Thirteenth Annual Observance of National Negro Health Week took place April 3 to 10, under the auspices of the Annual Tuskegee Negro Conference and the National Negro Business League in coöperation with the United States Public Health Service, State Health departments, County Health departments, City Health departments and various health and civic organizations. A bulletin issued by the United States Public Health Service explains the significance of the week, the general plans and points out what has already been accomplished in Negro health work.

Red Light Injunction Bill.—The New York Senate, Assembly and Governor have passed Senator Brown's bill known as the Red Light Injunction bill, reports the *Reform Bulletin*, March 25. In 1914 New York State did enact a so-called Red Light Injunction law, but it contained flaws and loop holes so that it was almost worthless. The new bill makes the evasion of the law almost impossible. The State as well

as the defense may appeal to the State Court of Appeals. It remains for the public to coöperate in enforcing the new law.

Detroit Friendly Social Club.—An attempt has been and is being made in Detroit, under the auspices of the Department of Recreation, to answer in a small way the need and longing of the lonely boys and girls for companionship. The attempt is proving that if boys, girls, young men and young women, are given happy homelike surroundings with good, clean recreation where they can play the piano, banjo, or ukulele, sing, dance, give dramatic productions, have concerts, lectures, stunt evenings, all types of game parties, Sunday night suppers and social gatherings, they will seek no further, but will enjoy one another and develop their talents which have perhaps been lying dormant.

The club is known as "The Friendly Social Club," a place where young men and women from the ages of 18 to 45, who can furnish character references, may meet in a dignified way and where the total expense is a registration fee of one dollar and monthly dues of fifty cents.

Elimination of Brothels.—A little over a year ago Geneva closed its brothels, according to the *Journal* of the American Medical Association. It was the last Swiss city to do so, so that brothels no longer exist in Switzerland. Norway closed them in 1888, Denmark in 1901, Holland, Bulgaria and Serbia in 1911, Czechoslovakia and Poland in 1922. England and Sweden never tolerated these institutions. In Germany, these resorts have been closed since the war in most of the large cities: Berlin, Hamburg, Bremen, Frankfort, Leipzig, Essen and Munich. France is likewise closing these houses, and they have been closed in Strasbourg, Colmar, Haguenau, Pau and Salins, and a serious campaign is now being waged to close them in all French cities. Unfortunately, in Paris, the large proportion of the clientele of these houses is composed of foreign visitors. As far as Geneva is concerned public prostitution has practically vanished, for the police laws are severe in this respect. Although it was feared that venereal disease might increase, this fortunately has not been the case.

Miss Bowler Receives New Appointment.—Miss Alida Bowler, executive secretary of the Indian Defense Association, and former Red Cross and social worker, has been appointed by Chief of Police Davis of Los Angeles, California, to fill the emergency appointment of secre-

tary and president of the Bureau of Public Relations, left vacant by the death of Ralph S. Boyesen.

Miss Bowler has a long record of activities in social work and in work with the United States Interdepartmental Social Hygiene Board. She is known throughout the western states for her handling of social problems. Miss Bowler went to France in 1917 as a member of the Red Cross. After the signing of the Armistice she was transferred to Rumania, where she remained for more than a year directing social and relief work among the refugees, and received a medal from the Rumanian government for her activities there.

The Bureau of Public Relations is a department created by ex-chief Vollmer for the purpose of compiling and distributing publicity on the improvement and development of the Police Department. The head of the bureau acted as representative of the chief in contact with the general public and with various civic and social organizations.

Parents' Problems.—A series of eight lectures were given under the auspices of the Missouri Social Hygiene Association at St. Louis, Missouri, at the Washington University Medical School. These lectures were intended for those interested in a happy, wholesome life for boys and girls and dealt with vital problems arising in the relation of the sexes. All lectures were open to the public free of charge. The program follows.

All lectures at the Auditorium, North Building, Washington University Medical School, Euclid and Scott Avenues
Three O'Clock Sunday Afternoons

March 13th

Love in Life.....Mrs. Ira L. Bretzfelder, presiding

Its Biological Basis

Rev. Father Alphonse M. Schwitalla, S.J., Regent, St. Louis University Medical School.

Its Ideal Development

Rev. Dwight J. Bradley, Pastor Webster Groves Congregational Church.

March 20th

The Gift of Life.....Dr. W. McKim Marriott, presiding

A film story, for parents and children, with introduction by Dr. Harriet Stevens Cory, Educational Director, Missouri Social Hygiene Association.

March 27th

The Adolescent Life.....Mrs. Jos. W. Lewis, presiding
Its Physical Basis

Dr. F. H. Ewerhardt, Director Department Physical Therapeutics, Washington University Medical School.

Its Emotional Basis

John A. McGeoch, Associate Professor of Psychology, Washington University.

April 3rd

Safeguarding Life.....Mrs. Virgil Loeb, presiding
From Venereal Disease

Dr. Martin F. Englma, Professor of Clinical Dermatology, Washington University Medical School.

From Environmental Dangers

Charles E. Miner, Executive Secretary, Missouri Social Hygiene Association.

ASSOCIATION NEWS

Dr. William F. Snow returned from Europe, March 23, after completing and presenting the League of Nations report of the Body of Experts on Traffic in Women and Children of which he is chairman. The League of Nations Council accepted the report in Geneva, March 9, and has submitted it to all governments for their comment. Part I has been released to the public and the whole report has been sent to the Advisory Committee for recommendations as to further action by governments.

In taking action the Council personally thanked Dr. Snow, the members of the Body of Experts, Mr. Bascom Johnson, and the staff of the Inquiry, in addition to sending resolutions of appreciation to the Bureau of Social Hygiene, which provided the funds, and to the American Social Hygiene Association which was drawn upon for trained investigators.

The public press and competent authorities of many governments have already expressed themselves to the League as believing this report will have important and far reaching influence in promoting further efforts to combat the traffic.

Mrs. Margaret Wells Wood spoke at the Chestnut Street School Parent-Teacher Association, March 15, at Roselle, New Jersey. Mrs. Wood's talk, which dealt with boy-girl relationships and the problems of the adolescent and pre-adolescent ages, was well attended. A letter was placed in the hands of each child in the Chestnut Street school on the Friday preceding Mrs. Wood's talk. The letter served as an invitation to invite parents and friends to attend the meeting, and invited them to ask questions on problems with which they were confronted. This advance publicity gave parents a chance to make plans to attend the meeting and to formulate questions.

Mrs. Wood leaves soon for an extended lecture tour of the South. She will speak at several points in North Carolina, under the auspices of the Parent-Teacher Associations there. She will then go on to Albany, Mississippi, where she will speak before the state Parent-Teacher Convention. She will also address school groups in Mobile, Alabama, and Ft. Worth, Texas.

* * * *

Miss Jean B. Pinney left, March 30, on a trip to the West coast and intermediate points for the purpose of conferring with local social hygiene groups. Among the cities she will visit are Cincinnati, Ohio, Kansas City, Missouri, Los Angeles, San Francisco, and points in Nevada and Utah. She will return by way of Des Moines, Iowa, where she will attend the meeting of the National Council of Social Workers, and will supervise an exhibit on social hygiene for the Association, returning to New York in May.

Dr. Walter M. Brunet spent the week of March 14 to 21 in Cleveland, Ohio, starting a study on incidence of venereal diseases. On March 24 and 25 he attended the Conference on Public Health in Chicago called by the American Medical Association. He left for Syracuse and Cattaraugus County, New York, March 29, to review work done on the Health Demonstration.

* * * *

On April 11 Miss Chloe Owings will speak on "Attaining the Best in Boy-Girl Relationships" under the auspices of the Parent-Teacher Association at Mt. Vernon, New York.

* * * *

Continued interest is being shown in the policewoman movement. The *Woman Citizen* devotes a page each month to the activities of

policewomen. In the February issue of *World's Health* appeared an article on the subject of women police which discussed the history of the movement both here and in Europe, placing particular emphasis on and quoting from "Women Police" by Miss Chloe Owings, published by the Bureau of Social Hygiene.

The International Association of Policewomen will hold its meeting at Des Moines, Iowa, May 9, 10 and 11, just before the fifty-fourth annual meeting of the National Conference of Social Work. Miss Owings is chairman of the Report of Sub-Committee on Qualifications of Policewomen.

* * * *

Mr. Franklin O. Nichols gave a number of lectures at the Bishop Tuttle School, Raleigh, North Carolina, March 31 to April 5. He will attend the Negro Institute of the Chicago Social Hygiene Association, at Chicago, April 25 to 27.

* * * *

During April Dr. Edith Hale Swift will speak at points in New York and New Jersey under the auspices of the local Y.W.C.A. organizations. She will also speak in Van Wert and Troy, Ohio, at the request of the Miami County Board of Health.

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Dr. William F. Snow, as President of the National Health Council, has accepted the invitation of the American Child Health Association to speak at its annual meeting, in Washington, D. C., May 10.

BOOK REVIEWS

THE DRIFTING HOME. By Ernest R. Groves. Boston: Houghton Mifflin and Company, 1926. 217 p.

It needs no repetition that the home is a victim of perplexing changes in modern life. This statement by itself, however, does not tell us whether the destruction of the home is a calamity, or how far-reaching an injury it is. The buggy business was also such a victim, and the corner saloon; and the genial iceman is also threatened with early extinction. Dr. Groves is no pessimist: not only do children need parents, he says, but men and women need intimate affection and understanding, and sympathetic comradeship. "The future of the home is as secure as human nature itself." Notwithstanding its obvious demoralization, the home has lost none of its essential resources for satisfying certain human needs.

A part of the prevailing confusion comes from a failure to separate the essentials of a home from a variety of incidentals. "There is no necessary relation between the affection of the family and the quantity of cooking done in its own kitchen." Neither is there any necessary connection between the affection and good will of parents, on the one hand, and the effectiveness of the home as an educational agency on the other. Another part of the confusion comes from the rapid increase of wealth and power in advance of growth in character and self-control. The multitude without standards threatens to overwhelm the few who have clung to standards, and to establish a mode of life in agreement with the reckless pursuit of pleasure.

Family life has been affected by the gradual removal from the home of a great variety of economic, social, religious, recreational, and educational processes that formerly insured a degree of intimacy and of common experience that made for unity, loyalty, control. The drift from rural life to urban life has meant also a shift from resourceful and spacious abodes to restricted apartments that are not conducive to expanding family life. Other factors have contributed to the reduction in the number of children; and many married couples deliberately avoid parenthood. In so far as such men and women are indifferent to children, and prefer their leisure and freedom, their avoidance of parenthood is perhaps on the whole eugenically desirable. But where

a deepened sense of responsibility is the chief cause, both the individuals and the community are the losers. Nevertheless we must expect an increasing number of such childless marriages, and we must prepare ourselves to recognize the "companionate" as a legitimate express of fundamental human needs, however imperfect or incomplete we may consider it. Dr. Groves is less tolerant of the "pathetic substitute" for home and children that some people find in dogs and cats.

The decline of the home, or rather the change in conditions to which home life has had to adapt itself, has involved a progressive estrangement of young people from vital experience with effective home-making. They have missed their apprenticeship, through no fault of their own, or even of their parents. It therefore becomes necessary to organize educational processes to the specific end of training boys and girls for marriage and parenthood. Another factor is of course the rapid growth of scientific knowledge that a previous generation could not have had. "Science must do more than heat homes and reduce drudgery"; it should give insight into the factors of happy marriages.

The parents of to-day are not absolved from further responsibility: they must think through to the essentials and formulate their demands upon the other institutions and agencies—the school, the church, industry, and so on. These institutions cannot be permitted to go on as though they were ends in themselves, but all must be made to serve human beings—and the family, the family of the teacher, the minister, the industrialist, the worker, the essential personal life of each individual.

Divorce is an outward indication of the failure of individuals to meet the requirements of courtship and marriage: "nothing is likely to decrease the tendency toward divorce except some way by which married life will become a greater source of happiness than it now is for a multitude." This needed way will not be found, we may be confident, by exhortation and denouncement. From the point of view of social hygiene the outstanding needs are new educational technique and the social and economic adjustments calculated to make married life more widely satisfying.

BENJAMIN C. GRUENBERG

BRIEFER COMMENT

FOUNDATIONS OF SOCIAL HYGIENE. Issued by The British Social Hygiene Council, Inc., London. The British Social Hygiene Council, 1926. 140 p.

A series of lectures on social hygiene by notable contributors:

Social hygiene. J. Arthur Thomson

Social hygiene. The biological approach. Julian S. Huxley

The contribution of psychology to social hygiene. Cyril Burt.

Address on anthroplogy and social hygiene. B. Malinowsky.

The influence of education and tradition in social hygiene T. Percy Nunn.

The influence of the home in social hygiene. Winifred Cullis

The community and social hygiene. Sir Arthur Newsholme

Statement of continence in relation to social hygiene, prepared by the British social hygiene council.

LEGISLATION IN 1926 WITH RESPECT TO THE PREVENTION OF CRIME. By E. R. Cass. N. Y. State Conference of Charities and Corrections, 1926. 7 p.

A synopsis of the laws of 1926, covers such subjects as the Consolidation of departments and the new structure of departmental state government.

A rather full statement is given relative to the State Department of correction and duties and powers of the Commissioner and legislation intended to reduce crime such as curbing the abuses of the bail system, putting robbery on same plane as burglary carrying the same punishment.

NATIONAL NEGRO HEALTH WEEK, APRIL 3 TO 10, 1927. Issued by the United States Public Health Service. U. S. Government Printing Office, 1927. 10 p.

A pamphlet issued for community leaders in an effort to suggest ways and means by which interested individuals and organizations may organize for a concerted and effective attack upon the community's disease problems. Negro communities observe this year the Thirteenth Annual Negro Health Week.

A STUDY OF MATERNITY HOMES IN MINNESOTA AND PENNSYLVANIA. U. S. Children's Bureau. Washington, Government, 1926. 92 p. Children's Bureau, Publication, No. 167.

The study is confined to institutions caring for women during pregnancy which provide for their confinement care and after their confinement cares for them and their infants for a varying period of time. The study covers administration, supervision, finances, care, recreation, training for future employment, provision made for babies.

Appendices give medical and social standards applicable to maternity homes and certain Minnesota and Pennsylvania state laws and Regulations affecting maternity homes.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

- INTERNATIONAL CLINICS. Vol. I. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles. By Leading Members of the Medical Profession Throughout the World. Philadelphia and London: J. B. Lippincott Company, 1927. 304 p.
- INTIMATE LIFE OF THE INDIVIDUAL, THE FAMILY, SOCIETY AND RACE, THE. By Winfield Scott Hall. Chicago: Midland Press, 1926. 207 p.
- MOTHER AND UNBORN CHILD. A little book of information and advice for the prospective mother. By Samuel Raynor Meaker. Baltimore: The Williams and Wilkins Company, 1927. 209 p.
- NEGRO AND HIS SONGS, THE. By Howard W. Odum and Guy B. Johnson. Chapel Hill: The University of North Carolina Press, 1925. 306 p.
- NEGRO WORKADAY SONGS. By Howard W. Odum and Guy B. Johnson. Chapel Hill: The University of North Carolina Press, 1926. 278 p.
- PROBATION AND DELINQUENCY. By Edwin J. Cooley. New York: Catholic Charities of the Archdiocese of New York, 1926. 544 p.
- SEX IN MAN AND ANIMALS. By John R. Baker. New York: Alfred A. Knopf, 1926. 175 p.
- TIRED CHILD, THE. By Max Seham and Grete Seham. Philadelphia and London: J. B. Lippincott Company, 1926. 342 p.

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EUGENIC STERILIZATION IN CALIFORNIA

1. THE INSANE

PAUL POPENOE

Pasadena, California

California adopted its first sterilization law on April 26, 1909, and operations have been performed ever since in seven institutions, namely, the six state hospitals for mental diseases, and the state home for the feeble-minded.¹ The total number of operations performed to date is more than 5,000, which is four times as many as have been performed for eugenic reasons, in governmental institutions, in all the rest of the world together, so far as known.

While the subject of eugenic sterilization has been actively discussed in all civilized countries in recent years, it has long been evident that nowhere except in California were data to be found which would give on an adequate scale an idea of what the measure is actually accomplishing. A study of these California sterilizations has therefore long been recognized as highly desirable, and was undertaken at the beginning of 1926 by E. S. Gosney, a philanthropist of Pasadena, in consulta-

¹ In addition, there have been seven operations in San Quentin penitentiary and one in Folsom penitentiary. It should also be noted that Norwalk State Hospital was not opened until Feb. 15, 1926.

tion with an advisory committee made up of recognized authorities in many different lines.

The most hearty and unreserved coöperation of the State Department of Institutions, of the superintendents and staffs of the hospitals concerned, and of parole and probation officers and, in general, of everyone connected with the work, has made it possible for Mr. Gosney to carry out his plans with the desired thoroughness.

All phases of the subject will eventually be discussed in a series of papers, of which the present one, the first to be issued, gives some of the facts needed to answer the question: What kind of persons have been sterilized in California? Some of the data here presented will be subjected to further analysis in subsequent papers. The data concerning the feeble-minded are reserved for separate treatment.

NUMBER OF OPERATIONS

The number of operations performed in the state hospitals for the insane up to January 1, 1927, is as follows:

TABLE I

NUMBER OF OPERATIONS PERFORMED ON THE INSANE TO JANUARY 1, 1927

<i>Institution</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Patton.	1063	436	1499
Stockton.	860	454	1314
Norwalk.	269	176	445
Napa.	63	356	419
Agnews.	10	134	144
Mendocino.	90	40	130
Totals.	2355	1596	3951

During the period from July 1, 1909, to July 1, 1926, it is found from the biennial reports of the State Department of Institutions (formerly the State Commission in Lunacy) that there were altogether 38,610 first admissions to the six state hospitals. During the same period there were 3,666 steriliza-

tions of which, as shown by our records, 85.27 per cent, or 3,126, were on first admissions.

This is 8.12 per cent of the total, so one may say that of the persons who have come into the state hospitals since the passage of the first sterilization law, one in 12 has been sterilized.

RECORDS OBTAINED

In the course of our study, abstracts were made from all the records at Norwalk, Napa, Agnews, and Mendocino. At Patton (officially known as the Southern California State Hospital) and Stockton, the two institutions which have performed the most operations, a selection was made, records being discarded if there seemed to be no possibility of getting any trace of the patient since he left, or if he was dead, or if the history was particularly incomplete. Under these conditions, the number of records which we actually abstracted at Patton is 462 and at Stockton 723.

However convenient this plan was for our purposes, in avoiding unprofitable labor, it obviously introduces a possible element of error in the total statistics, since the selection at these two hospitals probably involved unconscious discrimination against certain classes of patients. To eliminate this error, the data have all been tabulated in two groups, group A consisting of all the records of the four hospitals in which no selection was made, and group B comprising the records at Patton and Stockton. Prior to adding these together, we have compared them in every case to make sure that they were not inharmonious; and we shall call attention to any instance in which they disagree. In such instances, group A may properly be taken as representative of the total number of California sterilizations.

CONTROLS

As controls we used data from two sources. First we took 100 male and 100 female case histories from unsterilized

patients at Norwalk, in Southern California, and a like number from Agnews, in Northern California. These were chosen at random in the hospital files, and should furnish a reasonably fair basis for comparison with our sterilization records. In the second place, we have made use of much larger figures representing the first admissions in all the California hospitals ² in 1922. The latter series is designated in the following pages as "all Calif.," while our own series of 200 male and 200 female cases is designated merely as "controls."

NATIVITY

Of our sterilized patients, 18.65 per cent of the males and 31.68 per cent of the females were born in California. The differences in this respect among the various institutions are large, the proportion of native-born patients in the Southern California hospitals being relatively small. The totals, as compared with the two unsterilized series, are as follows:

TABLE II
NATIVITY OF THE INSANE

	<i>United States</i>	<i>Foreign</i>	<i>Unknown</i>
Sterilized			
Males.	60.42 per cent	38.62 per cent	0.96 per cent
Sterilized			
Females.	68.75	26.73	4.52
Control			
Males.	57.5	42.5	
Control			
Females.	68.5	31.5	
All			
Calif.	60.37	24.15	15.48

It appears that sterilization is applied without any bias in respect of nativity. There is no observable tendency to

² *Patients in Hospitals for Mental Diseases*, 1923. Bureau of the Census, Washington, D. C., 1926.

sterilize either a larger or a smaller proportion of the native born, or of the foreign born.

Among the latter, Mexicans form the largest element in the Southern California hospitals, Italians in Northern California. The census ³ of 1920, which credited the state with a total population of 3,426,861, enumerated almost equal numbers of native Italians and native Mexicans. The former were said to be 88,502 or 2.58 per cent of the state's population; the latter 86,610, or 2.53 per cent.

With this information our figures for sterilizations may be compared. Of the males, 4.0 per cent were born in Italy and 6.56 per cent in Mexico; of the females 5.75 per cent and 3.75 per cent respectively. The age distributions of the foreign-born populations probably explain much of this apparent excess of the two nationalities among the sterilized. Immigrants are mostly adults. Insanity characterizes adults rather than children. A detailed analysis of the nativity of the institutional population from this point of view would involve many uncertainties, and will not be attempted at the present time.

RACE

Our sterilization records include 44 Negroes (18 males and 26 females). They form just 2 per cent of our total. In our controls the Negroes likewise make up precisely 2 per cent and in the total first admissions in 1922, it happens that they likewise total exactly 2 per cent (1.9 per cent males and 2.3 per cent females). Certainly one would not have anticipated that the Negroes would be found to be receiving their share of sterilization, with such extraordinary exactness!

SUBSEQUENT HISTORY

What has happened to the patients since they were sterilized is shown by the following data from our group A:

³ Fourteenth Census of the United States: 1920. *Bulletin*, "Population: California (Composition and Characteristics of the Population)".

TABLE III
STATUS OF STERILIZED [INSANE]

	<i>Males</i>	<i>Females</i>
Discharged.	26.40 per cent	51.57 per cent
Paroled.	4.26	9.53
Eloped.	7.46	0.31
Transferred.	1.33	1.56
Deported.	3.72	1.71
Died.	8.79	5.78
Still In.	47.78	29.38
Unknown.	0.26	0.16
	<hr/> 100.00	<hr/> 100.00

The number reported as dead refers for the most part only to those who died while still under the jurisdiction of the hospital. We have no adequate information as to the number who have died since discharge.

Reference to the next table, covering all six hospitals, shows that at the time we made our records there were still on the wards well on to a thousand patients who had been sterilized; and that some of them had been there for years.

TABLE IV
PATIENTS STILL IN THE HOSPITALS
Length of Time That Has Elapsed Since Operation

	<i>MALE</i>		<i>FEMALE</i>	
	<i>Number</i>	<i>Per cent</i>	<i>Number</i>	<i>Per cent</i>
Less than 1 year.	185	33.39	81	21.54
1 year, less than 2.	139	25.09	63	16.76
2 years, less than 5.	81	14.62	106	28.20
5 years, less than 10.	101	18.23	76	20.22
10 years or more.	42	7.58	49	13.02
Not stated.	6	1.09	1	0.26
	<hr/>	<hr/>	<hr/>	<hr/>
Total.	554	100.00	376	100.00

LENGTH OF STAY IN HOSPITAL

There are several reasons for this situation:

1. In many cases a patient is sterilized and released on parole, or even discharged, but fails to make a readjustment

to the outside world, or has a relapse, and comes back, perhaps to remain as a life-long custodial case.

2. In other cases, a patient is sterilized with the expectation that he or she is going to recover enough to leave the hospital; but the course of the disease is more unfavorable than the staff anticipated, and the patient is never able to go back home.

3. Finally, some men, particularly those whose diagnosis is dementia praecox, have been sterilized in the belief that the operation has a favorable influence on their mental or physical condition. In other words, the operation in these cases was not eugenic so much as therapeutic. At several of the hospitals, where the present or past superintendent was particularly convinced that vasectomy has a therapeutic effect, many cases of this sort have been operated.

Not only do many psychiatrists, both in California and elsewhere, believe in the therapeutic effect of vasectomy, but the first law passed in California was based on this idea much more than on the idea of eugenics. It began:

Whenever, in the opinion of the medical superintendent of any state hospital, or the superintendent of the California Home for the Care and Training of Feeble-minded Children, or of the resident physician in any state prison, it would be beneficial and conducive to the benefit of the physical, mental, or moral condition of any inmate, etc.

This act was repealed by the second law (June 13, 1913), which recognized the eugenic feature; and it in turn was amended (May 17, 1917) to make eugenics predominant.

Whether sterilization actually does have a therapeutic effect will be discussed in a future paper in this series. Here it is only desired to point out that it has been believed to have such an effect, and this has led to the sterilization of many chronic patients, particularly with dementia praecox, who are still in the hospitals and will undoubtedly be there as long as they live.

AGE AT OPERATION

The mean ages at admission of the patients who have been sterilized, together with the usual controls, are:

TABLE V
AGE AT ADMISSION

	<i>Male</i>	<i>Female</i>
Sterilizations.	31.97±.18 $\sigma=9.04$	29.30±.15 $\sigma=7.46$
Controls.	37.57±.52 $\sigma=11.10$	39.90±.49 $\sigma=10.24$
All United States.	42.99±.56 $\sigma=16.75$	43.06±.64 $\sigma=16.75$

It will be noted that patients who were sterilized entered the institutions at a distinctly earlier age than the average patient. This is principally because they are not sterilized if they have passed the reproductive period. All the older patients in the hospital are thus excluded.

To show the great difference in the scatter of the ages, we have included the standard deviation (σ) of each mean. The larger standard deviation of the controls show that these groups contain a much wider range of ages than does the more homogeneous group of sterilizations.

Operation usually follows shortly after admission, as is shown by the average ages at operation, 32.84±.18 for the males and 30.05±.15 for the females. These are a little past the ages of maximum fertility for either sex in general, yet there can be no doubt that the ordinary man is still abundantly fertile at 33 and the average woman at 30. What the actual and potential fecundity of these patients is, will be discussed in a separate paper. Two-thirds of the males are single, two-thirds of the females are married. In both respects these figures are quite out of line with those of the first admissions

in general, which we give for comparison in the following table:

TABLE VI
MARITAL CONDITION

	<i>Sterilizations</i>		<i>All Calif.</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Single.	68.42%	24.03%	43.0%	28.6%
Married.	22.46	64.08	38.7	48.1
Widowed.	1.33	2.80	8.3	15.8
Divorced.	5.52	9.00	2.3	2.2
Unknown.	2.29	0.09	7.7	5.3
	100.00	100.00	100.00	100.00

SEX RATIO

The excess of single males among the sterilizations is largely due to the fact, which has already been mentioned, that a great many dementia praecox patients have been sterilized. Men suffering from this disease are, as a rule, lacking in the normal heterosexual drive as well as lacking in ambition, aggressiveness, and sociability; they are not a marrying lot.

The excess of married females among the sterilizations represents largely a deliberate selection of these in the various hospitals. There are some cases in which a woman has an attack of insanity (usually manic-depressive⁴) during pregnancy or immediately following childbirth. Sometimes a woman will have come to the hospital several different times, following the birth of each child; after some months her psychosis clears up, and she is discharged to remain at home until another pregnancy precipitates her psychosis and sends her back to the hospital.

In other cases the mere fear of pregnancy causes a psychosis in an unstable woman whose sexual life is disorganized,

⁴ In the older records these are generally called "puerperal insanity." It is now generally agreed that there is no such thing as puerperal insanity; that child-bearing, like any other stress, may precipitate any psychosis to which the patient is predisposed.

or who thinks that, due to defective heredity or some other cause, child-bearing would be particularly unfortunate for her.

In these two types of cases, and others related to them, sterilization removes the possibility of, hence also the fear of, pregnancy; and in a large proportion of such cases the woman is thereupon able to remain in her home without further attacks. The selection of such cases for sterilization raises the percentage of married women. All of the psychiatrists with whom we have talked feel very strongly that in no patient is the operation of more individual importance and benefit than in a woman who belongs to one of these classes, which are far too frequent in all hospitals for mental diseases.

TYPE OF PSYCHOSIS

In tabulating the type of psychosis of the sterilized patients, we have collected the customary diagnoses under six heads, which not only simplify the presentation but also, we believe, are of some significance from a eugenic point of view.

Dementia praecox (schizophrenia) and the manic-depressive or circular psychoses are considered by themselves. With the former we have also included the paranoids, who are a mere handful in our records.

A third group contains those who are classified in the case histories as constitutional psychopathic, constitutional inferiority with outbreaks, mental deficiency with or without psychosis, imbecility (in the older records), and the like.

Our fourth group includes the principal exogenous psychoses due to alcohol, drugs, and syphilis.

Epilepsy (with or without psychosis) is given a class by itself.

All the other possible diagnoses are lumped together as miscellaneous. In the controls, these are principally traumatic and senile cases, together with the neuroses, and also the unknown, undiagnosed, or "not insane." In our sterilizations this group is of minor importance.

The following table is based only on our group A cases—those from the four hospitals at which we recorded the entire body of sterilizations. Comparison with our group B showed that in the selected cases from Patton and Stockton we had excluded an undue proportion of dementia praecox patients. This is explained by the class of patients with this diagnosis who get into California hospitals. The climate and reputation of the state attract large numbers of unsettled, homeless, nomadic individuals,—not merely remittance men but, in very large numbers, ordinary or extraordinary hoboes. Many of these end up in one of the state hospitals for the insane, whence they are deported unless they have been in the state long enough to qualify as permanent institutional cases. As they had no known relatives or fixed abodes, we discarded them in making up our records at Patton and Stockton. The percentages from the other four hospitals, which we are using here, ought to give a satisfactory picture of the distributions of psychoses in the persons who have been sterilized in the California hospitals during the last 17 years.

TABLE VII
TYPE OF PSYCHOSIS

<i>Type of psychosis</i>	<i>Sterilizations (Group A)</i>		<i>Controls</i>		<i>All Calif.</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
D.P.	60.0%	29.23%	34.0%	38.0%	16.76%	19.22%
M.D.	17.34	47.59	22.0	29.0	13.63	27.18
CPI, FM	7.73	11.28	7.5	4.0	16.75	10.12
Alc. Drugs						
G.P.	4.80	0.84	21.5	10.0	23.89	9.03
Epil.	5.33	3.55	2.0	3.0	2.07	2.33
Misc.	4.80	7.51	13.0	16.0	26.90	32.12
	100.00	100.00	100.00	100.00	100.00	100.00

From a eugenic point of view, the foregoing table is of particular importance. It answers the questions: What kind of patients come into a California hospital; and, of all those who come, which does the staff select for sterilization?

The great discrepancies between the sterilized and the unsterilized are what one would expect. The sterilizations show a great preponderance of the endogenous and a deficiency of the exogenous psychoses. In other words, although in some cases patients have been sterilized for their own supposed good, or at their own request, it is clear that on the whole the operation has been applied to those whose diseases, there is reason to believe, are most markedly inherited and inheritable.

SUMMARY

1. Since the operation was authorized in the California state hospitals for mental diseases, about one patient in 12 (first admissions) has been sterilized.

2. Males are in excess of females in a proportion of more than 3:2.

3. There appears to have been no discrimination based on race or nationality.

4. Sterilized patients are younger than the general run of first admissions, the average age of the men being 33 years at time of operation, of the women 30 years.

5. They are usually sterilized within less than a year after admission.

6. While a majority of the sterilized patients have been discharged, there are still in the hospitals a large number who have been there for years and who have no prospect of leaving. Many of these were sterilized for therapeutic rather than eugenic reasons.

7. The operation is performed almost wholly on those whose types of psychosis are, by common consent, most highly dependent on inheritance.

INTERNATIONAL TRAFFIC IN WOMEN AND CHILDREN *

RAY H. EVERETT

The covenant of the League of Nations, the charter on which the League was established, endeavored to set forth matters of outstanding international importance which might logically be the subjects of joint consideration and action. When, therefore, Article 23(c) was included in the covenant and the League was entrusted "with the general supervision over the execution of agreements with regard to the traffic in women and children," it was evident that this traffic was thought of as a problem with more than national ramifications and of more than national significance. The League, in recognizing the need for continuity of effort in dealing with the subject, began its work by establishing a Social Section in the Secretariat, charged with the supervision of the international agreements above referred to.

In June, 1921, an International Conference was summoned at Geneva by the League of Nations and was attended by the official representatives of thirty-four nations, thereby extending considerably the area of the international movement. It proposed that the words "White Slave Traffic" in the International Agreement of 1904 and the International Convention of 1910 be replaced by the words "Traffic in Women and Children," thus making it clear that the measures adopted should be applied to all races alike; it requested the Council of the League to set up an Advisory Committee; and it recommended that governments be invited to make annual reports

* A review based on the Report of the Special Body of Experts on Traffic in Women and Children, presented to the Council of the League of Nations on March 9, 1927.

Part One of this report is available through the World Peace Foundation, 40 Mt. Vernon Street, Boston, Massachusetts, at low cost.

on conditions as to traffic in women and children and on the measures taken to check it.

These and other important proposals of the Conference were carried into effect. At the second ordinary session of the Assembly of the League, held at Geneva in September, 1921, an International Convention, based on the recommendations of the Conference, which supplemented the provisions of the earlier instruments, was concluded and signed by the representatives of thirty-three states.

An Advisory Committee on the Traffic in Women and Children (which subsequently, by the inclusion of Child Welfare, became part of the Advisory Commission for the Protection and Welfare of Children and Young People) was set up, consisting of official delegates nominated by Governments and assessors nominated by the principal international organizations which deal with the suppression of the traffic. By this means closer coöperation was secured between official and unofficial agencies.

The Advisory Committee has issued five reports, and as these have been published they need not be referred to in detail. For the purposes of this summary, however, attention may be called to three matters. The Committee, at its second session in 1923, passed a resolution recommending that, "pending the abolition of the system of State regulation, no foreign woman should be employed in or carry on her profession as a prostitute in any licensed house." Some countries where licensed houses are in existence have acted on this recommendation.

At the same session the Committee proposed the issue of a questionnaire to Governments on the subject of the licensed-house system and its effect on the traffic. In reply to this questionnaire, a considerable amount of valuable information has been obtained. The Advisory Committee also passed at this session the resolution which led to the appointment of the

Body of Experts and the investigation which is the subject of this Report.

The Advisory Committee's resolution was embodied in the resolution adopted by the Council of the League on April 19, 1923, as follows:

"The Council recognizes the necessity to the work of the Advisory Committee on the Traffic in Women and Children of the fullest information concerning the conditions under which the traffic is carried on.

"It is of opinion that such information could be most effectively collected by experts appointed by the Council to undertake a study with the consent and collaboration of the Governments of the countries concerned.

"The specialists will without delay draw up a questionnaire which the Secretary-General will forward to the interested Governments. They will have the authority to make, in agreement with the interested Governments, an inquiry on the spot. They will examine the replies to the questionnaire and the reports on the results of the enquiry and will frame their conclusions therefrom. . . .

"The approval of this proposal by the Council and Assembly was made possible by the offer of the American Bureau of Social Hygiene to provide a sum of seventy-five thousand dollars for the purpose. This generous offer was gratefully accepted.

"The Council subsequently appointed the following persons as members of the Special Body of Experts:

"Princess Christina Giustiniani Bandini, Mr. S. W. Harris, M. Hennequin, Dr. Paulina Luisi, M. Isadore Maus, M. De Meuron, Dr. William F. Snow (Chairman), H. E. M. Sugimura."

In 1926 the Special Body of Experts suffered a severe loss in the death of M. Hennequin. His place was taken by M. leLuc, who was replaced at one meeting by M. Nativel. M. Sugimura was unable to be present at all the meetings and was replaced by M. Suzuki. Dr. Luisi was unable to be present at the last three meetings.

After three years' work in the field or in preparation of the reports, they were unanimously agreed to by the Experts and

presented to the Council in March, 1927. The Council accepted them without reservation and took the action hereinafter indicated.

The report of this Special Body of Experts is divided into two parts. Part One is based on the source material contained in Part Two and it carries a concise account of the facts together with a statement of the conclusions founded upon them. The second part contains the most important portion of the source material gathered during the investigation, arranged according to countries. Part One was formally released by the Council in March, 1927, but Part Two was forwarded at the same time to Governments for their comments prior to general distribution and is, therefore, not yet available for general reading and study. There already has been considerable public demand in various countries for the distribution of Part Two. The British press in particular demanded its prompt release in order that the great interested public in each country might have an opportunity to examine in detail the evidence supporting the conclusions contained in Part One.

In outlining their methods of procedure the Report says:

“At our first meeting, held in Geneva in April 1924, we had before us all the available information collected by the Social Section of the Secretariat, including reports of the Advisory Committee on Traffic in Women and Children, annual reports made to the Committee by Governments, and replies received from Governments to a questionnaire on the system of licensed houses. A questionnaire was prepared with the object of obtaining further information from Governments on certain points, and plans were made for conducting the investigation. It was agreed that the following principles should be observed in making enquiries on the spot: (a) The enquiries must be carried on only by trained and experienced persons; (b) each enquiry should relate to a limited area; (c) each enquiry should be detailed and thorough; (d) the enquiries should be begun as far as possible in cities and countries to which women are alleged to have been sent for purposes of prostitution.”

It was realized that the success of these enquiries must depend on two factors: the possibility of finding trained investigators with the necessary qualifications for the work, and the extent to which the Governments would lend their coöperation. Thanks to the American Social Hygiene Association, the Body of Experts was able to secure as a Director of Investigations the services of Mr. Bascom Johnson, whose legal training and long experience in social studies proved invaluable, and he was assisted by a group of highly qualified investigators. All the enquiries on the spot were made under the personal direction and supervision of the Chairman (Dr. William F. Snow), who consulted his colleagues from time to time on any general questions of principle. Moreover, the letters which the Secretary-General sent to the Governments of the different countries where the enquiries were made, met with the most cordial response, with the result that the representatives of the Body of Experts were given every facility in carrying out their work and received the active help of officials and other persons concerned. The Chairman visited several of the countries personally, and other members of the Body of Experts assisted in collecting information in their own countries. Six meetings of the Experts were held in Geneva and Paris to receive reports of progress, to decide new lines of enquiry, to examine the evidence and to consider the terms of the report. The Director of Investigations attended all these meetings.

The extent of the enquiry, as revealed by the Report, is amazing to the uninitiated who may have given but passing thought to this phase of the work. The resourceful, exhausting, and courageous labors of the trained investigators merit the honorable mention accorded to those who, at great risk, face difficult and dangerous hazards in the performance of public duty. The exploiters of commercialized prostitution are no respecters of law and order, and he who opposes their activities, must be constantly on the alert if he is to work effectively—and retain a whole skin.

The main questions which it was the object of this investigation to determine were:

(a) Whether any considerable number of foreign women were found to be engaged in prostitution in any of the countries visited.

(b) Whether there was a demand for foreign women in any country, and what, if any, were the factors which contributed to create such a demand.

(c) From what surroundings women were obtained, and whether they went to foreign lands of their own accord or whether their movements were influenced by other persons.

(d) Who are the traffickers and their associates.

(e) From what countries the women came, by what means they were induced to go, and by what routes they travelled.

Like other commercial enterprises the traffic in women is governed by the law of supply and demand. The motive underlying the traffic has always been money and it is a business out of which large profits can be made. It seemed logical therefore to study the problem with this fact in mind and to ascertain in what countries the demand exists, from what countries the supply is made available, and what routes the traffic takes.

The preliminary examination of available material gave a *prima facie* indication that certain routes of traffic existed from Western Europe to Central and South America, Central and North America, to countries bordering on the Mediterranean and to certain countries on the Baltic and North Seas. Detailed reports have been made on twenty-eight countries, in which 112 cities and districts were visited. No fewer than 6,500 persons believed to be able to afford information were interviewed, including about 5,000 persons connected with commercialized prostitution, a large number of whom were either prostitutes or souteneurs. The names or aliases of about 600 of these were obtained with a view to following up clues.

In explaining this latter statement the Report sets forth the belief of the Body of Experts that,

“in an investigation of this character, the duty imposed on us would not be adequately fulfilled by a consideration of information obtained only from Government sources, from voluntary associations or from other persons actively concerned in combating the international traffic in women. We determined, if possible, to get into touch with the underworld which is found in all big cities and to ascertain what was going on behind the scenes. Fortunately, at the outset, by skilful enquiries and with the exercise of considerable resource and courage, the investigators were able to establish contact with certain prominent characters in the underworld of some of the cities of South America. They penetrated to the center of the so-called ‘ring’ and so traced the ramifications of traffic from country to country by the securing of introductions to the ‘right people’ in each center studied. They wrote up their notes of conversations as far as possible in the words used, and these have been translated in the report into the nearest equivalent in French and English. As the facts emerged from the reports of the investigators, the Director of Investigations discussed their significance with local officials and was able to obtain supplementary information. By this means and with the active help of the authorities of the countries visited, a large amount of new and valuable evidence was secured. We do not suggest that the statements made to the investigators by members of the underworld were in all cases accurate in every detail, but so far as is practicable they have been checked by corroborative evidence, and care has been taken not to use any material the truth of which did not appear to be established. It is believed therefore, that this report presents a conservative account of the character and the distribution of the traffic as it exists at present.”

The Report necessarily deals with many sordid details including the practice of perversions, for no true picture of the real ugliness and viciousness of the traffic could be given without such references. It was decided that “it would be contrary to the public interest and to our obvious duty if, from an exaggerated sense of delicacy, we were to avoid the mention of such matters, and we accordingly decided to make

our report as frank as seemed to be consistent with the limitations of a published report." This very element of frankness, the statements of the underworld in the patois of its denizens and exploiters, add greatly to the authenticity of the Report. Some of the word pictures are truly vignettes of the almost unbelievable sordidness and foulness which characterize the traffickers in vice. They reverse the whole chivalric idealism underlying the slogan "Women and children first," a plea and a boast which has long been accepted in codes, national and international.

It is impossible in a review such as this to give more than a sketchy impression of the many important Sections of this Report. The Body of Experts, after the greatest of care and consideration as to pertinency, devoted upward of forty thousand words to Part One and repeated readings leave one with the impression that few if any of these forty thousand are excessive. We believe that all persons interested in social advancement will find the Report one of the most impressive and significant arraignments of an international evil that has ever been published.

Perhaps the most logical use of the remaining space allotted to this review will be made by devoting it to a complete quotation of the conclusions, prefaced by an explanatory paragraph from the Body of Experts:

"If we have succeeded in the task which we set ourselves in the first chapter of this Report, the reader will have obtained a broad view of the evidence laid before us and some idea of the traffickers and the conditions under which they operate. It may be useful to summarize briefly the more important points which have been referred to in detail in the preceding chapters.

SUMMARY

Meaning of Traffic

International traffic has been taken to mean primarily the direct or indirect procurement and transportation for gain to a foreign country of women and girls for the sexual gratification of one or more other

persons; but for the purposes of this study it was found impossible entirely to isolate international traffic from the national aspect of commercialized prostitution. Consideration was also given to certain aspects of the abuse of alcohol and to the traffic in obscene publications and drugs.

Traffic in women is a sinister business in which the persons carrying it on seek cynically to supply a demand with the greatest possible gain to themselves.

Extent of the Traffic

No complete figures are available, but reliable information has been obtained from certain countries which justifies the belief that a traffic of considerable dimensions is being carried on. Many hundreds of women and girls—some of them very young—are transported each year from one country to another for purposes of prostitution. Many of these, but by no means all, were prostitutes in their own country, but nearly always there was evidence that their movements were controlled by others, and many of them could not have realized the sort of life to which they would be subjected. In some countries, where the number of registered prostitutes is very high, 70 per cent are foreign women, but it may safely be inferred that the class of clandestine prostitutes in these countries also included a large percentage of foreigners. The statements made to our investigators by members of the underworld agree on the point that there is a constant stream of foreign women proceeding to certain countries. Whether the volume is less than it used to be is a question difficult to answer, but on the whole we are disposed to think that the stricter measures taken by Governments, especially in regard to immigration, have produced a marked effect both in the extent and character of the traffic. The numbers known are sufficiently large to constitute a serious problem.

The Demand

The demand for foreign women arises from two groups of causes. In the first group we include such social phenomena as a surplus, due either to natural or artificial causes, of men over women; and temporary markets for prostitution arising from occasional or seasonal movements of population. The movement of troops and ships and the migration of tourists are examples of the latter type of market. The second group of causes which are more directly concerned with the

traffic includes conditions which stimulate in a marked way the demand for foreign women, such as notorious vice districts and the system of licensed houses. The attractiveness of the foreign woman increases the demand, and when once she is in a foreign country she is at the mercy of her exploiters. The profits are large, and they are often increased if the woman can be induced to practice perversion. Vices of the most degrading character are thereby encouraged for the money that can be made out of them. The uncontrolled sale of drink in amusement resorts where women are employed as entertainers, pressing the sale of liquor as part of their duties, is a definite incentive to prostitution. The traffic in obscene publications is closely associated with the whole problem, and to a less degree the traffic in drugs.

Sources of Supply

The traffic is supplied mainly from four classes of women. The regular prostitute who has gone the round of many brothels in her own country and whose earnings are decreasing is the most obvious type of women to be sent abroad. Although women of this kind are not in actual fact carried away by force or as a result of fraudulent practices, the records of such cases show that they are often misled as to the prospects before them and robbed of a good deal of their earnings, and they find themselves at the mercy of their *souteneurs*. We take the view that, even when the woman has been a prostitute in her own country, she should be protected from the methods of exploitation pursued by persons engaged in the international traffic. Then there is the group of girls who are termed "semi-professional" or "complacent." They are usually minors, sometimes drawn from the country and small towns, who long for pleasure and excitement and are early led astray by the love of finery which they cannot afford. Some of them take to a wrong life to supplement the low wages gained in their ordinary employment. The *souteneur* takes advantage of the feelings of a girl of this type and makes her his mistress. She soon finds herself taken to a foreign country, where she is persuaded or compelled to engage in prostitution to provide for herself and her *souteneur*. Girls who join travelling troupes and perform in low-class music-halls and *cabarets* in some countries often fall a prey to traffickers who are sometimes associated with the managers of places of amusements. Their contracts are often misleading, their wages are inadequate, and not infrequently their real business is to act as prosti-

tutes and so secure clients as well as profits for the establishment. Finally, the worst case of all is the innocent girl with whom the *souteneur* contracts a marriage, pretended or real. This type of girl usually comes from poor surroundings of ignorant parents who are easily deceived. It is only when separated from her parents by long distances that the unhappy victim learns what is expected of her.

Many of the victims of the international traffic are minors, who are the source of greater profit to the trafficker. Although the laws of certain countries are designed to prevent the embarkation of girls under age and there are regulations prohibiting them from being registered as prostitutes, it was found during the enquiry that these restrictions are evaded. A large number of foreign prostitutes are minors, or were minors when they arrived in the country. The *souteneurs* who were questioned boasted that it is always possible to bring minors into certain countries.

Girls who are placed in brothels soon find themselves in debt to their employers—a method by which they are the more easily controlled.

The Traffickers

In most of the cases which have come under our notice, the movements of the women and girls were controlled by third parties for the sake of the profits attached to the business. Some measure of fraud or deception, direct or indirect, is usually a feature of the business. The traffickers include *madames* who manage houses of prostitution; *souteneurs* who are mainly responsible for securing the girls and controlling their movements; principals who are financially interested in vice-districts and brothels and lend money to *madames* and *souteneurs*; and intermediaries who sometimes secure and transport girls for the *souteneurs* and *madames*.

There is no regular organization of traffickers, but these persons play into one another's hands when it suits them to do so and conspire to defraud their victims. There are recognized resorts in big cities where *souteneurs* and their friends meet and exchange information and advice as to their prospects. Associated with traffickers are various other disreputable persons of the underworld.

Routes and Methods

The main routes of traffic disclosed by our investigation, so far as it has been carried out, appears to be from Europe, particularly Austria,

France, Germany, Greece, Hungary, Italy, Poland, Roumania, Spain, Turkey to South and Central America, particularly Argentine, Brazil, Mexico, Panama and Uruguay, and to Egypt and other places in North Africa.

All sorts of methods are adopted to evade troublesome enquiries or official regulations. Among these are traveling by indirect routes or by separate stages and securing entry to a country by means of smuggling or other clandestine method. False documents of various kinds, including birth certificates and passports, are commonly used. The pretence of marriage is a frequent subterfuge. This may take the form of a false certificate of marriage or of a ritual marriage which can be repudiated; but many cases are recorded where a legal marriage is entered into to avoid suspicion or to prevent any risk of deportation. The evidence shows that many girls are led into the toils of traffickers by bogus offers of employment abroad. On the other hand, the rôle of an entertainer in foreign *cabarets* which appeals so strongly to the stage-struck girl, offers at first sight prospects of an alluring career, but too often leads to the ranks of prostitution. As already stated, the contracts entered into by many of these girls are a direct incentive to begin such a life.

Measures taken to Prevent the Traffic

Coöperation between Governments for the purpose of preventing this traffic began in 1902, after many years of voluntary international effort and national Government activity. The area of international action has been considerably widened since the League of Nations undertook the general supervision of these matters, but there are still many States outside the international movement. The administrative measures required by the Agreement of 1904 (as extended by the Convention of 1921) include the appointment in each country of central authorities charged with the duty of coördinating information relative to the traffic and of corresponding with one another; the watching of ports and railway stations; the repatriation of prostitutes; the supervision of employment agencies and the protection of women and children travelling on emigrant ships.

The Conventions of 1910 and 1921 prescribe the minimum legislation which each country should provide for the prosecution and punishment of offenses. A great deal has been done by Governments in pursuance of these provisions to check the traffic, but we have drawn

attention to several points where the action taken on the legislation provided appears to fall below the standard prescribed.

The word of voluntary societies who were pioneers in the movement for the suppression of the traffic has proved of the greatest value.

Growth of Public Opinion

As ultimate success in the fight against this evil must depend on the development of a strong public opinion in all countries, it is satisfactory to note the changing attitude which is being adopted in many countries towards the problem of commercialized prostitution and the many legislative steps which are being taken to deal with various aspects of the question. We have described these changes in detail.

Much of the responsibility for the traffic is due to past indifference of public opinion and to ignorance of the tragedies resulting from the traffic and its disgraceful exploitation of victims. Partly, this indifference was due to an idea that prostitution was a normal and necessary thing and that, if this were true, opportunities for recruiting its personnel must be allowed. Public opinion has greatly changed in many countries during the past fifty years and the World War has stimulated new studies. Particularly has the work of voluntary agencies thrown light upon the indirect causes of the traffic. Economic depression, poverty, the danger of enforced migration, and low wages have all been helpfully studied in relation to it. The favorable soil created by inadequacy of living accommodation for the working classes, the influence of depraved homes and lack of family life have been pointed out. As a corollary embodying further unfavorable influences may be mentioned the unbridled development of pleasure-seeking, causes of demoralization, such as the low-class theaters, dancing-halls and objectionable publications. In general, influences which lift the mind to higher planes, providing ideals of truth and beauty, have been urged as important factors in combating the traffic, because they engender a moral force which helps both men and women to develop control of desires which cannot be gratified by the practices of prostitution without disaster both to the individuals and to society. Recreation is also of the greatest value.

As public recognition has been accorded to practical proposals which have emerged from such studies and educational efforts, laws

have been passed, and regulations enforced which have modified the character and extent of the traffic in women and children.

REMEDIES

The facts which we have described in previous chapters of this report and which we believe to be fully established show that the international traffic in women is still an ugly reality and that it continues to defy the efforts to suppress it made both by Governments and voluntary agencies. It assumes new forms as restrictions are increased. It is therefore a menace to society and a challenge to greater efforts in the future.

It may be thought that, having stated the facts disclosed by our investigation and the opinion based on them, our task has been completed. It appears to us, however, to be our duty to offer some observations on the circumstances direct or indirect which are connected with this serious problem and to indicate the lines on which further enquiry shall be made or action taken either nationally or internationally.

It is obvious that there is no single or simple means of suppressing the traffic. An exact knowledge of the facts, active supervision and the application of suitable laws and measures of protection are all necessary elements in the campaign against the traffic; the latter, however, must be treated as an epidemic and must be continually fought in its endemic centers, that is, in the countries of origin; it must be arrested at the frontiers and mercilessly suppressed when it succeeds in crossing them and penetrating into the countries where a demand exists. No one measure is sufficient in itself; the only effective means is to combine all measures and to adapt them to the situation in each individual country.

The traffic, being as it is of an international character, requires concerted international action. Experience has shown that, when measures of supervision and protection are strictly enforced, traffickers disappear or become exceedingly cautious. Experience has also shown, however, that such efforts are rendered fruitless if a neighboring country fails to exercise the same supervision: traffickers immediately transfer to that country the scene of their operations in connection with the despatch and reception of women. Concerted action between the different countries thus becomes essential.

International Conventions

We hope that the League of Nations will continue its work in increasing the area of the international movement for the suppression of the traffic in women. There are still many countries which have neither signed nor adhered to the Conventions, and some have failed to ratify their signatures. Evidence was placed before us that, even in countries which are parties to the Conventions, the legislation or its administration is not always up to the standard required. An examination of this question might be of assistance in securing a greater measure of uniformity.

In view of the number of minor girls who are exploited on pretense that they are over age, the question of modifying the existing Conventions might be considered to see whether there is some way of meeting the difficulty.

Central Authorities

We understand that most of the countries which are parties to the Conventions have appointed central authorities, but it would appear from facts brought to our notice that opportunities for the exchange of information as to the movements of suspected traffickers and their victims are not taken as promptly and as often as they might be. This method of coöperation has proved so useful where it has been applied, both in respect of the traffic in women as in the traffic in obscene publications, that a greater development of it could not fail to produce valuable results.

Employment of Girls Abroad

Bogus offers of employment in a foreign country are not infrequently used as a means of leading girls to become prostitutes and sometimes such offers are made through so-called employment agencies. Care should therefore be exercised that all agencies for foreign employment are supervised as provided by the international Conventions.

Much more serious, however, are the dangers incurred by girls in accepting contracts to perform in *cabarets* and other places of amusement abroad, unless the conditions are known to be beyond suspicion. In some countries many of these places are the haunts of dissipated men, and the girls employed in them to dance and sing are expected to

act as prostitutes. In some instances we had evidence that the girls are actually required to register as such. The contracts also are often drawn up in terms so harsh that the girl who signs one has little or no security. Governments would be well advised to protect their nationals against victimization of this character by providing for the examination and approval of the conditions of employment before girls under a specified age are allowed to take engagements of this character. It might be considered whether the matter should be made one for international agreement.

Places of Amusement

On the other hand, the Governments of countries where foreign girls are employed as entertainers have the corresponding duty of seeing that the conditions of *cabarets* and other places of amusement are brought under adequate regulations. The sale of drink is often the main source of profit to these establishments and facilities for prostitution are but an added bait to increase the profits from the sale of liquor. The question of prohibiting the practice of allowing girls who are nominally engaged as entertainers to mix with the customers and to push the sale of liquors calls for careful consideration. Advertisements are sometimes inserted in a newspaper which are actually thinly veiled methods of inducing girls to enter an immoral life. It should be an offense to publish advertisements of this character.

Immigration

The whole question of immigration, as well as its bearing on the international traffic in women, has been the subject of careful study in recent years by the International Labour Office. It is therefore unnecessary for us to say much on this subject. The protection afforded to women immigrants has undoubtedly been increased in recent years, but there is still much room for improvement in certain directions, and we hope that this aspect of the question will be borne in mind in any international discussions.

One of the greatest safeguards for young immigrants of both sexes is that the conditions of life and work in countries which receive them shall be made known to them by the dissemination of accurate information in the countries from which these young immigrants are drawn. Organized methods of bringing them into touch with protective agencies when they land in a new country are also required.

Some Governments do a great deal in this direction and many voluntary associations perform an admirable work in helping young people to find their footing. The contact between official and voluntary effort could well be strengthened.

Some countries make a practice of excluding and, in suitable cases, of deporting foreign prostitutes. Active steps are also taken for the removal of foreign *souteneurs* and traffickers. The general adoption of such a policy will do much to cripple the business of the traffic.

Age of Consent

We are concerned to find so many young girls among the victims of the traffic. The need for special precautions in this direction is obvious because the increased profit thereby obtained is a direct incentive to all sorts of fraud and deception.

In one country in particular, girls between 14 and 16 are allowed to be registered as prostitutes and are said to be admitted to licensed houses. This question is bound up with the age of consent, that is to say, the age below which a man charged with a sexual offense against a girl cannot plead that she consented. This age is fixed as low as 12 in some countries and, in one or two instances, even as low as 10 if it can be shown that the child was not previously chaste. Where so little protection is afforded to young girls it is not surprising that older girls are exploited without much risk of the offender being punished.

Marriage

The low age of marriage in some countries may also lead to abuse and needs consideration. Various methods of evading or taking advantage of the marriage laws were brought to our notice. It appears desirable to draw the attention of the Emigration and Police authorities to manœuvres of this kind; also to consider the possibility of introducing penalties dealing with traffickers who have recourse to legal marriages in order to evade restrictions.

The Trafficker

The measures to which we have referred above are not likely to be successful while the incentive of money-making remains. Profit is at the bottom of the business. It is the "third-party" element which

makes the traffic in women so tragic an affair in its worst aspects. If the third party could be eliminated, the battle would be largely won. Some countries realize this principle and punish severely *souteneurs*, *madames* and others who live on the proceeds of prostitution. Instances have been given of effective legislation dealing with this point. There are many countries where no such action is taken. Foreign *souteneurs*, procurers, *madames*, and other persons of the kind should be excluded or deported as a preventive measure. Governments will be well advised to review their laws relating to living on the earnings of prostitution and, if necessary, to strengthen them.

Control of Prostitution

The difficulty of eliminating the third-party element becomes greater in countries where the keeping of brothels is legal, where licensed houses exist and where the system of registering prostitutes is maintained.

The existence of licensed houses is undoubtedly an incentive to traffic both national and international. The fact has been established by previous enquiries¹ and is admitted to be true by many Governments as a result of their experience. The enquiries made by us not only confirm this fact but show, as other observers have remarked, that the licensed house becomes in some countries the center of all forms of depravity. These establishments constantly require more inmates to replace those who leave and to meet the desires of their clients for change.

In view of the connection which the Commission has found to exist between licensed houses and traffic in women, the question of the retention or abolition of these houses has acquired an international as well as a national character.

The need for the system used to be supported mainly on two grounds—the maintenance of public order and the prevention of venereal disease, of which prostitution is the most dangerous source. There has been a tendency to dismiss the first reason because experience has shown that the system of licensed houses does not get rid of clandestine prostitution and that public order is at any rate no worse in countries where the system has been abolished.

The retention of the system in some countries is now generally

¹ See "Prostitution in Europe", Abraham Flexner (1914).

based on considerations of public health, but this theory has been abandoned long ago in many countries and it will be seen from the chapter on the "Growth of Public Opinion" that there is a growing tendency to discard it in many others. Belief in the system has been greatly weakened in recent years by further knowledge and experience which have led medical practitioners who are specialists to require extensive and expensive technique to determine whether any individual is infected or infectious for others. The value of these new methods of diagnosis and treatment have been tested widely during and since the War. The system of free treatment available for all persons alike in properly equipped clinics under conditions of privacy, which have been organized in several countries to supplement the practice of qualified physicians, is giving results which indicate the advantages of such methods of securing the diagnosis and treatment of both men and women of all ages and classes. Furthermore, we think it advisable to point out that the compulsory medical examination and treatment of prostitutes, no matter how thoroughly it might be conceivably applied to the limited class of registered prostitutes, is not an alternative to general medical facilities for all infected individuals, nor can it possibly meet the objections of large numbers of people on social and moral grounds. It behooves all Governments which place reliance on the older system of preventing the spread of venereal diseases to examine the question thoroughly in the light of the latest medical knowledge and practice, and to consider the possibility of abandoning a system which is fraught with such dangers from the point of view of international traffic.

The Problem of Prostitution

We cannot close our remarks on this subject without some reference to the general question of prostitution. The causes of prostitution are deep-seated; it exists to a smaller or greater extent in all countries and no solution of the problem has been found by any of them. It is apparent, however, that the attitude of public opinion towards it has a direct bearing on its commercialized aspects which find their worst developments in the traffic in women. Prostitution should be regarded as a public evil to be kept within the narrowest possible limits. It is especially important that the youth of both sexes should be encouraged to view this matter from the highest moral standpoint. Safeguards of all kinds against international traffic are difficult to enforce when

the lowering of the standard of morality serves to create an insistent demand. The remedy lies in a sound and vigilant public policy.

SCOPE OF ENQUIRY

Our enquiry has been mainly concerned with the American Continent, Europe, the Near East and certain countries on the southern shores of the Mediterranean. In an enquiry as important as it is difficult, it cannot be claimed that every source of information has been drawn upon or that all the clues discovered have been followed up. Yet the main purpose in view, which was to verify the existence and determine the nature of the traffic, its volume, the places at which it is carried on and its characteristic features, as also to test the efficiency of the preventive measures, has been largely achieved as regards the traffic between Europe, on the one hand, and the American Continent and Northern Africa on the other.

On the other hand, the enquiry has scarcely touched a large number of other countries, such as those of the Far East, but we possess certain information supplied by the Governments of some of those countries in their annual reports. The Japanese member of our Committee has prepared a special report on the conditions in the Far East. It appears from this information that the international traffic in women is also met with in this part of the world, both in certain independent States and in certain colonies and dependencies of other nations. Owing, however, to differences of race, religion and custom, the problem appears in a different aspect.

In our opinion it would be for the Council of the League of Nations to consider and determine whether the results achieved up to the present are such as to warrant the further prosecution or extension of the enquiry in those other countries.

* * *

We have reached the end of our report and, in presenting it to the Council of the League of Nations for its consideration, we may be permitted to express the hope that the result of our investigations may materially assist the League in carrying out the duties it has assumed under the Covenant in regard to the traffic in women and children. We believe that excellent results have been obtained in the past by the combined efforts of Governments and voluntary associations. Much remains to be done. The measure of hope for the future rests on the extent to which these efforts can be maintained and strengthened."

SOME VIEWS ON MARRIAGE *

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A symposium is peculiarly difficult to review when it is more or less translated from metaphoric and abstract German. Few Americans will finish the book, or follow the naïve instruction of its complacent philosopher-editor, to reread his own contributions.

It has been said that most Germans are unhappy. These Germans at least write unhappily, without even the morbid satisfaction in misery of some Russians. The humorless ponderosity of style, ambiguous verbiage and impossible paragraphing is soporific and obfuscating as an oldfashioned German meal. There is in the *ipse dixit* manner of presentation an absolutist flavor which combines that of the hereditary nobility with that of the didactic priest and the Herr Doktor Professor.

Few of the contributors seem capable, at least under Keyserling's guidance, of dealing in concrete material. Even the physicians seldom cite cases which would illumine their meaning. Several give lip service to the admission that each case must be examined, judged, instructed individually. But each goes ahead calmly with sweeping dogmas, mystic phrases. The learning and teaching process from case to case seems unknown to them except as a verbalism. They are as mystic as the community theorists.

Keyserling points with pride to an underlying unity in the work, attributed to the underlying unity and reality of the

* An article based on "The Book of Marriage": A New Interpretation by Twenty-four Leaders of Contemporary Thought, arranged and edited by Count Hermann Keyserling. New York: Harcourt Brace and Company, 1926. 512 p.

subject matter. The reader gradually concludes that this ostensible unity may be due to some set of premises or outlines provided for the contributors, or to participation in a lecture series at the "School of Wisdom," with opportunity to share and revise papers. Further explanation of the plan of coöperation would have been profitable.

The editor does not compare and appraise variant views, but, usually without indicating the sources, attempts to force each in turn into relation with his own preconceived scheme. This partly factitious emulsion clarifies neither his own nor others' ideas; and the effort to bow simultaneously to opposites threatens the balance and consistency of his own views.

Such unity as appears is doubtless due primarily to the selection of sympathetic collaborators, leaning toward conservatism, aristocracy, the "second religiosity," Catholicism, south Germany. The postwar period sent the venturesome seeking escape or security in the new, these others fell back upon cultural and mystic refuges of security.¹ We feel here a pulse of alarmed protest against Youth, an anxiety in defense of the stability of institutions, even as the National Security League.

The "Who's Who" should have preceded rather than closed the selections. The contributors include physicians, psychiatrists, ethnologists, literateurs, feminists, religionists, but no sociologist. Among non-Germans the choice was very limited. The greater solidarity and continuity of cultural heritages and the greater national recognition of Tagore seem to assure us that a single essay in the case of India can more safely represent the range of opinion, attitude and fact than in the case of the United States, from which a similar, perhaps more useful, symposium would be desirable. The Mohammedan and Bolshevik worlds are regrettably unrepresented.

Ethnocentrism limits international appeal, but is perhaps

¹ White, W. A., *Thoughts of a Psychiatrist on the War and After*. New York: Paul B. Hoeber, 1926. 148 p.

inevitable in such a work. Abstruseness and opaque bulk further handicap its effectiveness among either leaders of fashion or followers of custom. Writers are at their best when they forget their inferiority complexes and quit vague philosophizing, Adler himself not excepted. Distinction should not depend upon the coining of paradoxes nor upon being caviar to the general. Moreover, many of the ideas so expressed, when brought to earth turn out to be rather ordinary birds, some platitudinous, others fallacious. Upon mere metaphorical thought forms and illustrative analogies they rest fine-spun question-begging casuistry and weighty conclusions. The strain is too great for either truth or humor.

Almost no footnotes appear, even where important assumptions or statements of law and fact outside the writer's own field would require scholarly references. The editor's own footnotes are mostly to "my" works; among the few other suggested readings the fulsome praise given Madison Grant and Lothrop Stoddard makes the reviewers skeptical of the rest.

Certain obvious attempts to condense elsewhere elaborated philosophies of life do their writers injustice. The volume is, in a sense, both too long and too short. Given the materials to work with, however, no one could have more skilfully arranged the actual order of appearance: in the subject matter, if not in opinion, each follows the last plausibly.

Quotable passages are scattered throughout the work, though in essays of predominantly "literary" pretensions and subjective expression, readers of variant experience and taste will doubtless differ in evaluating their significance. To the reviewers the most stimulating papers were those of Rabindranath Tagore, Beatrice Hinkle, Marta Karlweis (Frau Weissmann), Leonie Ungern-Sternberg (Keyserling's sister), Mathilde von Kemnitz, Mechtilde Lichnowsky, Hans von Hattingberg.

A few pat phrases were especially noted: "creative recog-

niton," "community of fortune," "sexually unemployed," "the will to selective amalgamation," "spiritually interwoven sexuality." In Keyserling's "realization of significance" is recognizable Aristotle's "entelechy": the real meaning of a thing lies in what it is becoming. "Significance" is a great word in Keyserling's vocabulary. The value of marriage, of anything else, lies in its significance. But this statement, like many others, is mere functioning with words. To the layman it means as much when reversed. It is ironic that, in a book with "significance" the keynote there should be so many pages of "words, words, signifying nothing." It is riddled with such indeterminate terms as "life itself," "inner guidance," "nature and goal," "complete human being," "destiny," "creative process," "fulfilment," "mystery and command," "tragic," "sacramental," "inherent instinct"

The following are a few striking passages from the several authors, typical of the collection at its best and at its worst. "Quaecumque sunt vera . . .":

From Keyserling himself:

"Harmony can only be obtained by establishing unity of a higher order, where the original problem is not solved, but dismissed. From the servitude of instinct, only a higher force can free us: love. We can only be saved from the natural revolt against the superior forces of destiny by consciously identifying ourselves with the higher powers that promote destiny." (Verily; but how shall these be recognized, defined? Can one agree with Adler: "Is there a man in the complete possession of his senses who cannot discriminate between good and evil?")

"In times of vitality and culture, men fell in love only with women of the right status." (When? Where?) "The comrade should never become the wife." "Only very rarely does marriage between friends prove successful." The motherly and the comradely—"By their very

nature these two types are irreconcilable. Consequently it is a mistake even to try to bring them into agreement." (Cf. Wilfred Lay's "The Prostitute and the Mother Imago.")

"One should marry only that person who . . . can assist him in becoming superior to those difficulties with which he could not cope alone, or which he realized were making him onesided and incomplete." "The differentiated modern man should be warned against marrying before thirty, and the modern girl before thought and experience enable her to regain virginal simplicity."

"The art of marriage seems inborn in most women." Man "may be said to have no natural capacity for marriage." "Marriage more frequently harms a man's spirit . . . than . . . a woman's."

"In the case of highly differentiated people, conjugal happiness wholly depends on this sound principle of keeping one's distance: . . . a by no means unimportant art is to sense the right time for separating for a short while." (Cf. von Kemnitz, cited below.)

"It is necessary to practice silence and reticence." (Cf. Lichnowsky on courtesy and reserve, on p. 400.)

"Marriage is not every man's vocation . . . The artist . . . and the God-seeker . . . are fit for marriage as great exceptions only. And it would be less to be condemned if the former were to form a free liaison, and the latter to retire as a monk . . . than for both to contract worthless marriages. On account of the unique nature of the marriage relation, it will not tend more and more to become the only possible relation between the sexes . . . On the other hand . . . fewer people who could legally marry will choose other forms . . . What is already essentially marriage need not shrink from the traditional form." "Where conjugal happiness is achieved, it outweighs all possible suffering."

From others:

"Ninety per cent of all marriages are unhappy."—Mann.

"Few disrupted marriages . . . could not be remedied if . . . husband and wife made a joint effort . . . The marriage must seem of importance and worth saving; then there will be a willing effort and sacrifice to make of it something of value to each."—Hinkle.

"The idea of the unhappy marriage is still current . . . in future it will probably be a curiosity. For two ways are open to the active personality; either one dissolves the marriage, or one accepts it with its suffering; and in this case one is not unhappy, but rather a human being who has mastered his destiny."—Ungern-Sternberg.

"Every woman knows that marriage is still the most important function for her." "The new humanity which is crying to be born needs a new womb and a new mother with unfettered capacities to bring it to birth, and to nourish it."—Hinkle.

"What toll has to be paid in nerves and spirit for the customary use of contraceptives!"—Wassermann.

"To exalt virginity as the prerequisite of marriage is in this day inappropriate, since it betokens emphasis on the sensual impulse of the race."—Ungern-Sternberg.

"The new fashion of cultivating the nude indicates the very opposite of a demoralized state."—Keyserling.

"Flesh and blood are a part of all sacramental, sacred and mystical beings, and not spirit alone is holy."—Mann.

"Eroticism has never been looked upon in China as debasing or sinful . . . only when it is uncontrolled and exaggerated does it become evil."—Wilhelm.

"The ethos of marriage . . . is built up on the innate nature of the darkest of all human passions."—Thun-Hohenstein, Grand Commander of the (Catholic) Knights of Malta.

"Station or rank only denotes one's position in a definite natural and cultural order." "Treacherous trueness, which is perhaps incomprehensible to every non-Teuton." "Private love-affairs did not destroy French marriage, they never even threatened the lofty ethos of conventional marriage. The frivolity and playfulness of the nobleman, as compared with the everlasting seriousness of the bourgeois, is the very sign of his stricter ethos." "Only conventional (in the sense of cultural) marriage fulfils the significance of marriage."—Count Thun-Hohenstein.

Wassermann, novelist, is also pessimistic over "Bourgeois Marriage." "The emancipation from a bondage that is considered unworthy rarely leads to a dignified condition . . . Only an ethical imperative is lacking; guidance by love or wisdom is necessary; authority is wanting. Above all, there is need for right feeling and an instinct for the true, binding realities which come of the spirit." (Cf. Adler, above!) Wassermann continues: "You are right; it is of no use to criticize. What is the good of criticizing destiny? One can teach, warn, set an example, describe conditions; one can say: Have the right instinct . . . One can put one's faith in youth . . . every change begins with activity, just as its final stage is form. The rest is merely incidental and auxiliary."

"Proletarianization is one of the forces working toward the destruction of marriage."—Ernst.

On the future of marriage there is no finer passage in the volume than that of Baroness Ungern-Sternberg (pp. 265-7). Space forbids its quotation. The bulk and variety of the book preclude the detailed criticism which would be desirable. A few marginalia follow:

Frobenius and Meuwenhuis, ethnologists, seem not fully escaped from Bachofen; assume that modern savages rep-

resent primitive, *i.e.*, primeval, man; by contrast with the American School are philosophic speculators and generalizers. Hypothecated historical tendencies are personified: "Matriarchy . . . comes on the scene with irruptive force and demands to be acknowledged . . . Patriarchy is the expression of untamed, ardent desires, and matriarchy that of greedy fulfilment."

There is the usual tendency among several authors to assume as inherent and inevitable to one or the other sex certain qualities which however typical or desirable are not universal to it and are probably culturally conditioned. This crops out even in Tagore and Hinkle.

"There is evident all over the United States a growing disinclination toward marriage." Your sources, Dr. Hinkle? Have your contacts been largely with upper and middle classes? "In the thousands of homes where wealth does not exist . . . the few children and small routine household tasks left to women have permitted an enormous amount of unused human energy to accumulate without an adequate object for its employment." What do you mean, wealth, Dr. Hinkle?

"The energetic American woman possesses in her veins the blood of hardy pioneer life only recently behind her." What is your theory of the inheritance of acquired characteristics, Dr. Hinkle?

Because American marriage customs were not indigenous Dr. Hinkle says they were rootless, "bound to weaken and perish." Would that the same alleged principle had withered the parasitic longevity of the English workhouse and the English criminal and domestic law in America!

The successful combinations of job and homekeeping are rarer in the United States than Dr. Hinkle's optimistic phrases imply: they are lucky experiments, made possible by spare money, spare time (childlessness), spare energy, spare relatives—and they usually merely substitute one woman for

another in the home. They are not a solution except for the particular cases, however complacent.

From Dr. Hinkle or others one would expect fuller discussion of the "companionate" on its own merits. The new-ancient career of domestician also calls for attention in such a book. Of the effects of the individualization and cultural independence of women upon the marriage attitudes of the American male, however, Dr. Hinkle gives an excellent analysis (p. 229): "Owing to the timidity and fear on the part of men, they (the girls) are more openly in pursuit of husbands than ever before, but with this difference—they want to make their own terms. Instead of conforming or fitting themselves to the ideal of the man, they are revealing themselves as they really feel." Relatively speaking, yes, let us hope. But many still play a rôle, merely a new rôle: it has become fashionable to defy convention. Even the brainy and the maternal may feign vapidty and "boyishform" as protective coloring, or to gain sexual recognition. The outward appearances of a will to sterility may actually be due to a will to selective amalgamation! As foil to new sophistications are born new brands of sexual hypocrisy: sexual hypocrisy, then, is not "largely a thing of the past."

Thomas Mann's contrast (pp. 247-8) of the old "manliness" and the new might well describe the "southern gentleman" and the modern "lounge lizard" of the United States.

Mann demonstrates the social undesirability of homosexuality on grounds of its inherent impermanence because of its dependence upon the sensuous. "It possesses no sanction except that of beauty, and that is virtually the sanction of death." If public condemnation were to rest upon a supposed conflict between beauty and life, it would be a bit weak. It would seem better to base the verdict upon its usual failure to enrich and refine personalities in ways as socially satisfactory as the heterosexual relation; and this is a relative and conditional condemnation.

"There is something feminine attached to the very essence

of beauty—compare in this respect the artist, who has never yet been a complete and rough type of man.”—Mann (listed by Keyserling as “creative artist.”)

“From the earliest times, a special dispensation in matters relating to love and marriage was granted to artists. The artist (and especially the poet), who is without any profession, is a suitable partner for the lady of ease. The artist, on account of the feminine elements in his nature, is altogether dependent upon private life and an extensive love-life.” In the “Romantic Movement” adds Ricardo Huch, “this femininity of man, and the masculinity of woman which is a necessary corollary, become more general . . . They . . . demanded freedom even for the child, which has an instinctive desire for strictness (No, this is not humor) . . . it is just in the struggle to overcome obstacles and to conform to moral customs that character is formed . . . In fact, they never thought of the children at all.” Most of the leaders of the Romantic Movement are shown to have married unhappily. “Even if fewer works of art were produced on account of the influence of marriage, would not that be preferable to the demolition of a very ancient and sacred institution . . . ? Query: Are the sensitives to whom romanticism appeals, capable of finding any other kind of marriage than the hectic experiments described? (Cf. Kretschmer’s paper in this connection.)

Habit, or satisfactions in quarreling, may prevent as many divorces as do the indolence, practical difficulties, or higher loyalties cited by Mann.

The importance in marriage of the conception of one’s rôle and of one’s partner’s rôle, recognized by Keyserling and Wilhelm, and in America by Burgess and others, is also stressed by Jung.

For the most of our authors, conventional marriage is the height of conscious choice or social control. By Kretschmer and Jung, on the other hand, it seems identified with the instinctive and the unconscious. The same transition described

by some of the authors as from individual to collective purpose, seems to be conceived by Jung as from the collective (less conscious, impulsive) to the individual (consciously controlled).

Jung, like Adler and the rest, goes in here for heavy generalization, condensed and obscure. He further seems here to assume a static society and a static marriage form. His "collective unconscious" reappears as "unconscious primeval inheritance"—the cell-mechanism of which is yet to be explained. As an interesting parallel the "collective representations" of Durkheim may be suggested.

Jung's "mother-imago" and "father-imago" reappear as "anima" and "animus," a sort of mirror-spouse or projected complement of the self, unconsciously sought in marriage. Whether one's marriage-imago is one's like or one's opposite (compensatory) is not made clear. (Cf. Kretschmer's study of mates, also Maeder, pp. 450, 457.)

Adler's interpretation of marriage is, as might be expected, in terms of life-task, to which the individual must find himself adequate; the adequacy often coming *through the helpmeet and the helpmeeting*, and improving the social value of both in a beneficial circle.

Several naïvely old-fashioned "continental" attitudes crop out in Adler's pages. Woman, for example, is not inferior, for, as able domestician, she can increase man's productivity. Similar naïveté reappears in Maeder. After saying: "When woman once stops thinking in the fashion of man, in which at best she can only become an imitative virtuoso; when she really dares to think in her own way (u.s.w. . . .). Maeder then continues: "This so-called feminine thought is naturally not a monopoly of the female sex, but a form of general human thinking." But the feminists are guilty of similar breaks, though less naïve, at the expense of the men!

One suspects that some European psychoanalysts owe much of their prestige and helpfulness to the need of Europe for substitutes for priest, god and religion. Their philosophizing

and magniloquence serves the purpose and steps them into the rôle.

After an interesting historical sketch of erotic taste and fashion, Kretschmer implies that there is a teleological explanation thereof: a "racial instinct." Whether this is supra- or infra-personal, cultural or biological, is not made clear. But "it" sees to it is that every "normal" type gets its turn. This *argumentum in circulo* turns out to glorify the very impulses which the others distrust.

Aside from bits in Hinkle, Wassermann, and Huch, Kretschmer alone offers any inductive evidence for statements: he presents a hundred couples as basis for generalizations in regard to the choices of similar and of contrasting partners and their degrees of "success." Balanced blends marry similars, extremes marry opposites. (Interesting, but too many exceptions occur to us.) In this latter half of his essay, Kretschmer seems to forget the cross-hatching influence of custom, and vogue brought out in the first half thereof. He also ignores the "divided selves" which make it possible for the same individual to become a person of markedly different temperamental rôle if joined to another type of partner.

Dr. von Kemnitz' excellences are by no means spoiled by her arrogance: "What did the marriage evoke in the souls of the spouses? That is the one justified question." "The more profound the spiritual exchange, the stronger is the wish for solitude in the spouse. (Cf. "Myself," a poem in "A Marriage Cycle" by Alice Freeman Palmer.) "The mental and physical claims of motherhood demand for at least a decade the sacrifice of creative work . . . When powerful creation cannot follow the ten years . . . marriage may effect atrophy . . . instead of fulfilment . . . the danger threatens (the man) of impairing his creative power through (sexual) happiness."

It would take a separate article, as long as Keyserling's, to point out the inconsistencies and other weaknesses in his second paper, "The Proper Choice of Partners." Strangely

he fears divorce more than he fears adultery. Yet he writes, "It will never do to place illegitimate children on the same footing as legitimate." "It is irrational to marry a person . . . if, taken as a whole, he is beneath one." "All highly-bred male lines become extinct . . . This forces well-born women to marry below their station . . . How wise our forefathers were in permitting their daughters to marry below their station . . . The male is unable to raise his mate . . . the person who marries below his standard . . . should be judged more harshly than if he had spent his whole life on lustful passion. And each person should attempt, if possible, to marry above his station." (Can you beat it? We can!)

"Feelings alone can never prove a thing is right . . . such as cannot see for themselves must be taught. I have indicated the manner in which this can be accomplished . . . The intuition of the teacher, who has seen the truth for himself, will find out the appropriate means of interpretation." "There is no help for the blind, that is to say, for those lacking instinct." "It is only the exceptional man who takes the right course without compulsion . . . it is a question of formulating what should . . . be self-evident to each man's conscience. What is the ultimate aim of all such regulations? The perpetuation of a special standing or rank in the natural and cultural order . . . Consequently it is an essential condition for the proper choice of partners that both should be on the same plane of existence . . . to be on the same plane really amounts to equality of birth." "Equality of birth simply means being on the same plane, and nothing more."

In the heart of thirty such pages we suddenly find that "When the majority of marriages no longer prove happy or efficacious, it indicates an incorrect choice of partners, from the point of view of the partners themselves. All details and particulars can be obtained from special medical, psychological, and statistical works,"—following which is an utterly

inadequate handful of references in footnote. "*One need only be quite certain of what is actually right . . . One even should not ponder these matters too much (page 290!) . . . It is in everybody's power to break off an engagement before it affects his actual destiny . . . Lack of insight? That is an unworthy excuse . . . the unconscious is fully aware (sic) of the facts . . . when a man and a woman attract one another.*"

"Personal inharmony of the parents may evoke in the children that state of internal tension which is the necessary physiological agent for all productivity. That is why the majority of great men are the offspring of unhappy marriages, or at least of inharmonious ones. Even gifted youths do not turn out well if their early surroundings have been too happy." Our current beliefs regarding problem children might well be checked against this possibility, but proof is called for. Doubtless all kinds of variates tend to result from conflict homes.

Keyserling's biology and eugenics are also badly confused and faulty (pp. 291-300). For example, "What produces a good or bad effect during an association of souls produces a corresponding effect in the hereditary factors (genes). We know to-day that the natural elements of life are immutable, and that acquired characters are transmitted so uncertainly, if at all, that from a practical standpoint they cannot be taken into consideration." These two successive sentences can hardly both be true. "The inner disposition of the parents is . . . transmitted . . . by the influence of the milieu on the protoplasm and embryo."

Ellis ("Love as an Art") adds nothing to his earlier writings on the subject. Princess Lichnowsky considers marriage not only a work of art but a compromise. The latter, however, are irreconcilable. Marriage as a successful work of art must transcend compromise and become a selective integration.

The Buddhist, as Keyserling notes, cannot be drawn into

any harmony with the rest except as counterfoil or contrasting discord. Anything seems tolerable, reasonable, after the impossible solipsism of Sanitary Officer Dahlke; even the thick sentimentalism of Catholic Bernhart, who concludes the series with fervid rationalizations of scriptural and canonical doctrines done in mystic terms. "The last word on marriage as a holy bond falls not to knowledge but to faith." So the whole dialectic pyramid rests upon its nebulous point.

Dahlke and Bernhart, Buddhist and Catholic, write upon the assumption that celibacy is harder than marriage, but more worth while. It may well be questioned, in this day, whether a successful marriage, including the mutual enrichment thereto essential, may not be more difficult than even the highest type of celibacy. The man or woman who is poised and creative in spite of and through marriage is at least the equal of one who creates in spite of, or through continence.

Marriage for Bernhart is neither fetter nor fulfilment, but refuge from thwarted sex or disappointed love. As completion, celibacy is the superior of marriage; asceticism is indispensable to both.

In this, as in most of the essays, ethical dualism forms the warp: Nature *vs.* culture, body *vs.* soul, courtesan *vs.* mother, beast and god, Eros *vs.* Ethos, self *vs.* destiny or "imago," world *vs.* God, sex impulse *vs.* cultivated will. Salvation (safety) is only in overcoming or fleeing from the Evil Half, by consciously assuming a culture-rôle and recreating oneself in the image thus set.

Catholics and other conservatives feel that unless they can save their own self-consistent Euclidean moral universe, a chaos of moral relativity is the alternative. In the midst of social economic earthquake they are trying not only to save the world and themselves, but to make the world safe for their system. The old story of supernatural sanctions for group survival values.

If the social framework, the universe of discourse, in which we live and move and have our being is itself infused with

life; if we identify ourselves with it and with the rite and dogma, so that their control seems internal to ourselves, then—and then only—can an institutional compulsion become a real sacrament. Marriage, like other group-survival values, can be entrusted altogether to private “anarchism” only when the “ethos” or collective purpose and code, are so universally accepted that each will strive spontaneously though in varied ways towards the same general objective.

“Hegel said that the most moral approach to marriage brought first the determination to get married, and then affection following in its train.” “He terms it ‘morality in a natural form’; he could have termed it also ‘Nature in a moral form.’ Hegel also said that marriage elevates the natural to the plane of the moral.” This is quite paralleled by Tagore’s clause: “To replace the natural passion of sexual love by the cultivated emotion of wedded love.” To have grown up (through proper sex education) in the subconscious habitual assumption that marriage is eventually a part of one’s normal future—this is to go Hegel and Tagore one better: for the “once-born” no conflict, victory and renunciation or substitution is necessary: a synthesis has always been present.

The marriage about which this book is written does not seem to be merely a speech-tool for grasping a mass of phenomena, presenting certain identifiable common elements. It is rather, an idea, in Plato’s sense; a transcendental entity to be approached as a limit by actual life. This high conception of marriage makes it a prize hard for any but the most advanced to win; yet the more advanced they are, the more difficult it becomes to attain. This makes it all a rather esoteric counsel of perfection, discouraging for ordinary mortals.

A composite sentence, concocted of pet phrases from *The Book of Marriage*, might read as follows:

Marriage should be a mysterious, sacramental, functional unity based upon recognition and responsible acceptance of permanent mutually developing relations of tension between

potentially isolable partners in a dual, reciprocal, complementary polarity in which a natural (erotic) union serves as foundation and symbol of a cultural, conventional, moral communion, maintaining rhythmically both distance and intimacy, and guided by a universal social purpose, independent of pleasure or the pursuit of "happiness." The spouse, like the celibate, seeks super-personal communion for his completion through the other. Inevitably involving renunciation, marriage is essentially tragic, though not necessarily unhappy. In fact, the unhappiness of conflicts is resolved by the renunciations. We are to be satisfied never to be satisfied. Not mere security (as Edson seems to think) but new experience, adventure, is to be sought and found in marriage (Keyserling, Mann). Thomas' other "wishes"—for recognition, power, response—are also represented in the relation, and called for more attention. Indeed, the reviewers feel that in the increased variety of modern life modern wives as well as modern husbands have the opportunity to afford to their mates the pleasure and stimulus of variety, even novelty, in interpersonal experience, the lack of which has always been held as a weakness of monogamy.

"Marriage: thus I call the will of two persons to create that which is more than they who have created it. Reverence toward each other I call marriage, as toward those desiring such a will." Thus spake Nietzsche. Marriage is a means by which man can surpass himself; and "Man is that which shall be surpassed."

The reviewers have gained in knowledge and grace not from understanding these good people but from the sincere effort of trying to understand them. Merely happily married, with troubles of our own, we found ourselves turning with some relief to Anita Loos, whose penetrating humor can, we suspect, subtract as much from the problem in a day as Keyserling can pile upon it in a year.

If German social hygiene is to be judged by this book, we are confident that Germany has much to gain from more advanced thinkers and more practical workers elsewhere.

EDITORIAL

PANORAMIC OBSERVATIONS

A lecturer who in the past fifteen years has addressed every year many thousands of young people and adults throughout the United States, who has been at home in "prep school" and university, who has bearded the Rotarians, Kiwanians, Civitans and Lions in their luncheon dens, and who has always made it his business to study social conditions in whatever metropolis or hamlet he might be, recently was asked to express his opinion on social hygiene progress. The reply was so highly optimistic that he was promptly challenged to justify it. He met the challenge by outlining a few points with no attempt at chronological order. They were: the more serious thought and attention which young people are giving to social hygiene questions; the change of emphasis in questions asked; the virtual disappearance of red-light districts, dirty burlesque shows, and quack medical museums; the fewer off-color stories heard in Pullman smokers, barber shops and clubs; the rapid decrease in that mock-modesty and hypocrisy which formerly characterized much of the thought and action on sex problems.

A decade ago his general audiences were composed mainly of men past the prime of life and their questions were based largely on the sordid aspects of sex, prostitution and venereal disease. Now a majority of his listeners at, for instance, a Sunday afternoon lecture under church or Y.M.C.A. auspices, will be clear-eyed, keen-thinking, purposeful young men, interested in the discussion of normalcy and its attainment. The hows, whys, and wherefores of courtship, marriage, home and parenthood—these are their interests and the subjects on which they most desire guidance.

"It's wonderful to see young men and women drop their masks of sophistication—for much of this 'hard-boiled' attitude of to-day's youth is merely a mask—and ask, eagerly, these questions which mean so much for their future happiness and social value," said the lecturer. "It is fine to realize, also," he continued, "that so many schools, universities, and associations are trying now to furnish leaders and advisors who are equipped for their work and can make the case

studies which usually are necessary for a proper adjustment of individual problems."

The environmental changes are due, he believes, to the public realization that a clean environment is a necessary concomitant to clean thinking and living. Red lights and indecent shows are handicaps in training youth for good citizenship and healthy parenthood. They are looked on by to-day's leaders as "old-fashioned"—and what self-respecting community will not rise in arms if this designation be applied to it?

The increasing number of women in industrial and professional pursuits has helped to check the addicts of smutty stories, believes our witness, and with the coming of bobbed hair the barber shop is no longer sacrosanct to the male of the species. Even before this, however, there was a decrease in gutter anecdotes which corresponded with the increase in cleaner thought on sex questions.

"Perhaps," concluded our informant, "the one most striking evidence of progress in social hygiene is illustrated by the frequency with which questions about 'raising a family' are asked by the young men and women I meet in groups or individually. They have acquired the viewpoint that it is not evil to desire wholesome information on reproduction and that 'babies' can be discussed without embarrassment. Ten or fifteen years ago no 'nice' girl and but few of the most earnest and courageous of young men would have dared to brave the smirking self-conscious attitude of their fellows by asking questions of this kind. To-day they know that their fellows will not only welcome these questions but join in the healthy discussion following. And how I wish that the parents and other elders who shake their heads and prate of a younger generation that is 'going to the bow-wows' could listen in."

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
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American Child Health Association.—The Fourth Annual Meeting of the American Child Health Association will be held at Washington, D. C., May 9 to 11, 1927, with headquarters and day-time sessions at the Willard Hotel, and evening sessions and exhibits at the United States Chamber of Commerce.

Such topics as Child Health in the Past, Health Education and the Pre-School Child, Health Education and the Nurse, the Community and the Child, the Promotion of Child Health Through Recreation, the School and Child Health, Trends in Federal and State Child Health Work, and Child Health and the Medical School will be discussed by authoritative speakers and health educators.

Progress in child health as it is viewed by national organizations will be discussed by Dr. William F. Snow, President, National Health Council; A. L. Schafer, Assistant National Director, the American Red Cross; Mary E. Spencer, Specialist in Health Education, the National Catholic Welfare Conference; and Betty C. Wright, Secretary, the American Federation of Organizations for the Hard of Hearing.

Several of the government bureaus have excellent exhibits on child health and matters relating thereto. The Children's Bureau will show some of the exhibits which they used at the Sesqui Centennial. The United States Public Health Service will also have an exhibit, and both the Bureau of Home Economics and the Exhibits Division of the Extension Service of the United States Department of Agriculture will participate in the exhibit.

Venereal Disease Control in France.—The present state of venereal diseases in France is described in *Venereal Disease Information*,

March, 1920. The Minister of the Interior, the Minister of Hygiene, and the Public Health Service of the Ministry of Labor and Hygiene, the Prophylactic Institute of Vernes, the French National League against venereal diseases, and the National Social Hygiene Committee all participate in combating venereal diseases. An appropriation of 20,000,000 francs per year has been granted by Parliament. During the last few years the international connection has been upheld through the International Union against Venereal Danger, the president of which is Professor Bayet. This International Union is now comprised of 34 countries. Venereal disease control in France is also closely related to the activities of the International Public Health Service, the International Red Cross League, the Rockefeller Foundation and the International Labor Office.

In the various departments the prefect has authority in venereal disease control through the medical health officers. Some of the work is regional where it is carried on by university professors. In many instances the activities are carried on in connection with social hygiene associations and anti-tuberculosis work.

Anti-syphilitic dispensaries exist in almost all communities with over 10,000 inhabitants. Competent specialists are selected by the minister for conducting the dispensaries. Visiting nurses receive courses from the National Social Hygiene Service. Consultations are held on market days, when possible, Sundays and week days at hours which are convenient for every workman. Most of the dispensaries are located in hospitals or welfare centers. There are 395 anti-syphilitic dispensaries.

The services provided for gonorrhea patients are not so well developed as are those for syphilis. There are only 66 centers for this purpose and in some instances there are no facilities for dispensary treatment even in cities of 40,000 inhabitants.

Recently all students are required to take a special course in syphilology. The Minister of Labor has agreed that venereal diseases be treated by the mutual health insurances and the social insurance services, since the diseases are not always due to debauch and above all, because if the diseases are not treated in the beginning, the later sequelae will cost more money to treat.

One of the newer activities is venereal disease control among sailors and prisoners. Some modifications have been made in the supervision

of prostitutes since the attitude in regard to them has changed in the last 20 years.

In 1926, 9,650,000 francs were appropriated for venereal disease control. In the line of research special attention has been paid to gonorrhea.

Dame Nature's School.—If the parents, the church, and the school refuse to teach our children the way of life, Mother Nature's School will have to meet in the alley where small boys and girls will exchange bits of erroneous, disjointed, vulgarized information. The textbooks will have to be lewd pictures, obscene magazines, risque movies and bedroom farces, quack medical literature and sex novels, vulgar stories and tales without number. That is the theme of Thurman B. Rice's article, "Dame Nature's School," which appears in *Hygeia* for December, 1926.

Nature, believes Mr. Rice, has arranged for men and women to reproduce themselves; society has arranged that they do so in wedlock—one man and one woman. Nature cannot be expected, he urges, to insist on continence or faithfulness to marriage vows. She will not warn of the dangers of venereal diseases, or of the dire misfortune of illegitimacy. She cannot instruct young people how to bring up children in a highly civilized community. She can do no more than bring the two sexes together and set into operation the same laws that under other circumstances would produce a tadpole or a puppy. Her tuition is entirely inadequate for the needs of boys and girls, and men and women in modern civilized society.

"But until the home, or less favorably, the school or the church or some one else, makes a place for Dame Nature's school and provides a good teacher who can teach not only the requirements of Nature but also those of modern society the little class must meet in the alley, the hay mow, or the deserted house; for instruction in the methods by which the race is made continuous there must always be."

"The World Tomorrow" Devotes June Issue to Marriage.—The question of marriage will be considered in several articles of the June, 1927, issue of *The World Tomorrow*, by authorities on the subject. The leading articles will be as follows:

"Happy Marriages—What Makes Them So?" This article will discuss the personal relationship elements in marriage and the individual life necessary for both husband and wife. Frederick H. Harris,

editor-in-chief of the Associated Press of the International Y.M.C.A., who has particularly been interested in this phase of marriage, is to write the article.

“Unsuccessful Marriages—Why?” Dr. and Mrs. Hornell Hart of Bryn Mawr are writing this article, using specific cases of unsuccessful marriages which illustrate the typical rocks to be avoided.

“Before Marriage What?” This article will discuss all sorts of preparation for life and marriage and is being written by Dr. and Mrs. Ernest R. Groves of Boston.

“The Economics of Marriage” will discuss the wife’s income, her profession or career, and her avocation. Dr. Emilie Hutchinson of Barnard College, New York City, is the author.

“When and How Would Marriage Be Broken” is to be written by Professor Earl Eubanks of Cincinnati University. He is a professor of sociology and has made a study of this subject. He will outline the various schools of thought on this important question.

Child Development and Parent Education.—A state conference in child development and parent education will be held at Iowa University, June 23, 24 and 25, under the direction of the Extension Division and the Iowa Child Welfare Research Station, with the collaboration of Iowa State College, Iowa State Teachers College, and the State Council on Child Study and Parent Education. The conference will present a comprehensive and detailed program in the fields of child development, child training, family life, and modern parenthood, reports the *Bulletin of the State University of Iowa*.

In addition to addresses by visiting national authorities, a selected group of specialists from the State University of Iowa, Iowa State College and Iowa State Teachers College will conduct a coördinated series of round tables daily. Topics will include child feeding, physical care of the child, pediatrics, dentistry, infant and maternity hygiene, mental development, child behavior problems, mental hygiene, moral, religious, and character education, speech development, music, literature, and art in the life of the child, home administration, teacher training and child development, the rural child, social hygiene, health and community organization, legislation and economic principles affecting the home and children, and the function, methods, and organization of child study and parent education groups. No fees are charged for attending the conference.

Defective Eyesight and Delinquency.—Defective eyesight contributes to juvenile delinquency, according to Guy A. Henry, General Director of the Eyesight Conservation Council of America, who in a statement on Child Health Day, May 1st, urged parents to consider the vision of their girls and boys.

Investigation by the Eyesight Council, Mr. Henry asserted, has shown that "bad eyes make bad boys," and that the experience of Juvenile Courts prove that defective vision makes many children truants. Each year more than 200,000 children come before these courts, and eye conservation in the home and in the schools, according to Mr. Henry, should be employed as one of the factors in checking criminal tendencies.

"Juvenile Courts," he continued, "are finding that bad eyesight leads to inattention in school, to unfair competition, and to disrespect for authority. Bad eyes lead to truancy and the truant child is a criminal in embryo."

"Seventy-five per cent of all adult offenders start as criminals before they are twenty-one years old, and progress from petty to capital crimes is rapid. Parents must try to understand their children, for with understanding comes the explanation of wayward tendencies, which if uncorrected may develop unfortunate consequences even in the best of children.

"It has already been demonstrated that fully 25 per cent of the 24,000,000 school children of this country are suffering from manifest defective vision, and this situation is likely to grow worse if practical steps, with parents and teachers coöperating, are not taken. Much has been done by the Eyesight Conservation Council in the schools of the country, and much more will be done in the future, but lasting results are impossible without the aid of the home.

"It seems evident, from a general review of the entire subject of eyesight conservation, that approximately 25 per cent of all school children in the United States are retarded in their studies and that fully one-third of the retardations are in all probability due to defective vision.

"If this is correct, there are at least 2,000,000 school children in the United States one or more grades behind in their studies because of defective vision. The annual loss of retardation due to this cause alone is about \$130,000,000."

ASSOCIATION NOTES

The Second Institute of the American Social Hygiene Association will be held at Chautauqua, New York, during this summer in coöperation with the Chautauqua Summer Schools. Dr. Thomas Galloway, Dr. Edith Hale Swift, Mrs. Anna Garlin Spencer, Dr. Valeria H. Parker and Mr. Ray H. Everett will offer public forum lectures. Mrs. Spencer is director of the course.

Dr. Galloway's course on "Sex and Education" will be credited as a two point course by New York University. This course will include a study of the influence of sex on education and of education on sex—for the guidance of teachers and parents. It will also include an elementary review of the biological, physiological, psychological and social groundwork of the sex-social impulses and of their expression and control; an examination of experiments made in various schools; and an effort to deduce from these a tentative grading, placement technic in relation to schools and community agencies closest to the work of the teacher.

Dr. Swift will give a series of ten lectures, opening with a talk in the amphitheatre, July 5, on "Recovering the Home's Lost Prestige." The other nine lectures will be given, as follows:

Wednesday, July 6th—Sex Attitudes.

Thursday, July 7th—Beginnings of Life's Interpretation.

Friday, July 8th—Puberty Changes Anticipated.

Saturday, July 9th—Deepest Significance of Adolescence.

Monday, July 11th—Has the Picture a Dark Side?

Tuesday, July 12th—Levels of Sex Satisfaction.

Wednesday, July 13th—A New Task for Engaged Couples.

Thursday, July 14th—The Art and Science of Marriage.

Friday, July 15th—Help from School, Church and Community.

Mr. Ray H. Everett will have the 9:45 A.M. hour in the Hall of Philosophy from July 18th to 23rd inclusive. He will lecture on Modern Literature on Family and Sex Relationships. This series of lectures will include discussions on the drama and the motion picture.

Mrs. Spencer will lecture from August 1st to 12th. Her topics will include a historical review of the several social movements which have resulted in the formation of the American Social Hygiene Association, together with biographical sketches of heroes and

heroines of the movement against social vice and for the protection and elevation of the family.

Dr. Valeria H. Parker will be the principal speaker at another series of meetings. On July 19th she will speak on "Women Plus Men." Her other lectures will be given, as follows:

Monday, July 25th—The Social Hygiene Program of Today.

Tuesday, July 26th—Educational, Protective and Recreational Measures.

Wednesday, July 27th—Legal and Medical Measures.

Thursday, July 28th—Social Hygiene Activities of Voluntary and Official Agencies.

Friday, July 29th—The Relation of Women in Organized Church Work to the Social Hygiene Movement.

In addition to the above formal lectures conferences will be arranged at the headquarters, the Arlington, to be led by Professor Galloway, Mr. Everett, Dr. Swift and Mrs. Spencer.

* * * *

Dr. Valeria H. Parker has been appointed by Governor Alfred E. Smith one of the New York State delegates to the National Conference of Social Work, being held at Des Moines, Iowa, May 11-18, 1927.

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

To the Editor:

In the recent March number of the Journal, pp. 134-135, my esteemed friend, Dr. Eliot, writes: "Thompson of the Scripps Foundation for Populational Research, is quoted by Father Cooper (in Birth Control, National Catholic Welfare Council, Washington, 1923) as if he were opposed to birth control". This statement is a slight slip on the part of Dr. Eliot. Neither in the above-mentioned booklet nor in any other publication have I ever quoted a single sentence or phrase from Thompson.

In "Birth Control" I made use of and cited about one hundred and twenty-five of the chief source studies of the objective facts that bear upon the dozen main phases of the complex birth control

problem. In four places (pp. 47, 48, 60, 65) I refer the reader in footnotes to Thompson's invaluable scientific studies for fuller factual data than could be incorporated in the brief booklet and for further evidence of statements of fact made in the text. I am sure that Dr. Eliot himself will on re-reading be the first to agree that the citations as made cannot be interpreted, even by the most meticulous, as in the least implying on my part that Thompson himself is either in favor of or "opposed to birth control."

JOHN M. COOPER.

To the Editor:

Father Cooper has sent me the note of protest in regard to a false impression created in his mind by a point made at his expense in my recent article. The article appeared without my having seen proof on it; my carbon was notated for checking up the reference to the Cooper pamphlet, and the statement would have been modified in proof-reading, so as to cite the pages in which Cooper refers to (not "quotes") Thompson, as a source of facts to back his own arguments, but without implying that Cooper consciously tried to create an impression that Thompson was on his side. We may, any of us, slip into special pleading, out of zeal for our side, without being aware of our slip, but I know Father Cooper's standards of sportsmanship and scholarly ethics too well to think of him as deliberately misrepresenting. I thank him for taking a similar attitude on his point.

THOMAS D. ELIOT.

BOOK REVIEWS

SOCIAL PROBLEMS OF THE FAMILY. By Ernest R. Groves. Philadelphia: J. B. Lippincott, 1927. 227 p. \$2.50.

This book, published by J. B. Lippincott in the "Family Life Series," edited by Dr. Benjamin R. Andrews of Teachers College, comes to fill a want long conscious of in the teaching profession. It is, like all of Professor Groves' books, sane, ethical in tone, and rational in its use of scientific knowledge. It is recommended as a text for colleges and normal schools. The present reviewer begs to recommend it as especially valuable for the last two years of high school. That is the period of school-life which offered most from the lack of a text which should be up-to-date in its science, fully just to historic tendencies and simple enough in its method of approach and

statement of facts and indications of progress to meet the need of pupils either on their way to college or ending their formal schooling with graduation from high school. It is to be hoped that this book will become a widely used text for the majority of students who thus close their formal schooling. It is that need which this book pre-eminently meets and which has been long felt by thoughtful teachers. Boys and girls do not wait until they enter college to be curious about sex relations, the family, and how to plan their lives in all intimate relations. And the books ready for college use are far more numerous, and far more worthy of commendation, than are those having the quality for helpful use for students under 18 years of age.

This book, while full of information, and able to meet all teaching requirements for older students, is yet cast in a form that can be of incalculable service to the younger students under the guidance of an understanding teacher. The sixteen sub-topics are well arranged for a progressive study of the main subject and the style is clearness and in attractive literary quality, wholly admirable.

As Professor in Boston University Dr. Groves meets college students only, but we are sure his own family experience has given him the touch on great questions which makes them vital to the younger people who are now in a vast majority needing just such a book as "Social Problems of the Family."

All who have studied the history of the family and tried to gather some facts and attain some convictions that may help to the improvement of this most important of inherited institutions must be grateful to Dr. Groves for his latest book.

ANNA GARLIN SPENCER.

SEX EDUCATION: A Symposium for Educators. Issued by the Treasury Department. Washington: United States Public Health Service, 1927. 58 p.

This publication issued by the United States Public Health Service was prepared in consultation with the United States Bureau of Education and the American Social Hygiene Association. It is intended primarily for educators and contains, in brief form, a most helpful collection of suggestion for the guidance of the many teachers interested in this fundamental subject.

The contents are as follows:

Foreword—H. S. Cummings, Surgeon General.

An approach to sex education in the high school—Thomas Par-
ran, Jr., Assistant Surgeon General.

The preparation of teachers to use sex for character education—
T. W. Galloway, Ph.D., Litt.D.

Progress in sex education—James Frederick Rogers, M.D., D.P.H.
Sex education as a factor in mental hygiene—Ira S. Wile, M.D.,
associate in pediatrics, Mount Sinai Hospital, New York.

The rôle of the home and the school in sex education in schools—
E. F. Van Buskirk, executive secretary, Cincinnati Social
Hygiene Society.

The part of civic organizations is developing sex education in
schools—District of Columbia Social Hygiene Society.

The progress of sex education programs in foreign countries—
Daisy M. O. Robinson, M.D., acting assistant surgeon, United
States Public Health Service.

Materials available for use in sex education.

Reading list.

It is difficult to single out for special mention any single contribu-
tion to this uniformly valuable collection. Two striking sentences
from the article "Progress in Sex Education" by Dr. James
Frederick Rogers, Chief, Division of Physical Education and School
Hygiene, United States Bureau of Education, however, are quoted
because of their fine spirit of challenge. "Sex is the subject above
all others about which we are most keen to learn and about which
we ought most to know, yet it is, of all subjects, the one concerning
which the child, at all ages, has least opportunity for learning from
safe and truthful sources. Strangely enough no one has ever given
any reason for this failure in education other than the most vacuous."

In its section on "Materials available for use in Sex Education,"
we note the omission of the motion picture "The Gift of Life," a
most valuable, graphic aid for social hygiene education. The read-
ing list, also, might well contain such excellent pamphlets as "The
Teacher's Part in Social Hygiene," prepared by the Joint Committee
on Health Problems in Education of the National Education Associa-
tion and the American Medical Association with the coöperation of
the American Social Hygiene Association, and "The Teacher and
Sex Education" by Benjamin C. Gruenberg. As a whole, however,
the publication is a most worthwhile addition to the source literature
of this field and the United States Public Health Service and

the Bureau of Education deserve hearty appreciation for their achievement.

Through the kindness of the Service any reader of the Journal of Social Hygiene may obtain a copy of this publication free by addressing a request to the United States Public Health Service, Washington, D. C.

R. H. E.

BRIEFER COMMENT

CHANGING JOBS: A study made by students in the economics course of the Bryn Mawr Summer School under the direction of Prof. Amy Hewes. Washington, U. S. Women's Bureau. 1926. 12 p. (Bulletin No. 54).

In the summer of 1925 the students of the Bryn Mawr Summer School for Women Workers in Industry made a study of the combined industrial experiences of the ninety-seven students who composed the school.

It was a representative group with varied experiences. Among the industrial factors found conspicuously associated with short jobs are (1) The seasonal nature of business (2) the character of the management under which production is carried on and (3) the monotony and routine of the work itself.

LAISSEZ-FAIRE, AND COMMUNISM. By John Maynard Keynes. New York: New Republic, 1926. 144 p. \$1.00.

A volume dealing with individualism and present day Russia. It treats of the origin of individualism, the future organization of society, the Communist Faith, the economics of Soviet Russia.

"Russia is oppressive under its present government with its tyranny and its cruelty and its stupidity yet there may emerge from the New Russia some speck of the ideal which could never have emerged from the Old Russia."

LOCAL IMMUNIZATION. By Professor E. Besredka. Edited and translated by Dr. Harry Plotz. Baltimore: Williams and Wilkins, 1927. 181 p. \$3.50.

In dealing with this new method of local immunization, the author has chosen a number of type infections, which deal with diseases of the skin and intestine. The types chosen are anthrax, staphylococcus and streptococcus infections, dysentery and the typhoid fevers. The four chapters which are devoted to them, contain laboratory experiments and epidemiological and clinical observations. The last chapter is devoted to theoretical considerations of local immunity.

PRIMARY GYMNASTICS A BASIS OF RATIONAL PHYSICAL DEVELOPMENT. By Niels Bukh. New York: E. P. Dutton & Co., n. d. 148 p.

This work is a translation from the second Danish edition. The aim of the system is to offer a fundamental basis of exercise for men and women that will lead to good health and efficiency, to overcome the cramping physical effects of civilized environment, to counteract the effects of a sedentary life and to remedy physical defects arising from the almost exclusive use of the one set of movements required by a daily occupation.

THE TIRED CHILD. By Max Seham and Grete Seham. Philadelphia: J. B. Lippincott Company, 1926. 342 p. \$2.00.

A book for parents as well as child health specialists aiming to keep the fatigue resulting from high pressure out of the physical and mental make-up of the growing child. It deals with fundamental principles of normal growth in childhood, the nature, the causes, the factors of fatigue and resultant consequences. Establishment of proper health habits, and the right balance of rest, play, sleep, recreation and study stressed as well as proper nourishment suited to age and capacity of the child.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

THE COURTS AND THE PREVENTION OF DELINQUENCY. Proceedings of the National Probation Association 1926. Published by the National Probation Association, 370 Seventh Avenue, New York City, 1926. 282 p.

THE DELINQUENT BOY. A Socio-Psychological Study. By John Slawson, Ph.D. Boston: Richard G. Badger, Publisher, The Gorham Press, 1926. 477 p.

DUDLEY ALLEN SARGENT. An Autobiography. Edited by Ledyard W. Sargent. Philadelphia: Lea & Febiger, 1927. 221 p. \$2.00.

LOVE AND MORALITY. An Attempt at a Physiological Interpretation of Human Thought. By Jacques Fischer. Translated from the French by Catherine Alison Phillips. New York: Alfred A. Knopf, 1927. 291 p.

THE WOMAN A MAN MARRIES. An Analysis of Her Double Standard. By Victor Cox Pedersen, M.D. New York: George H. Doran Company, 1927. 276 p. \$3.00.

YOUR NERVOUS CHILD. A Guide for Parents and Teachers. By Erwin Wexberg, M.D. New York: Albert and Charles Boni, 1927. 178 p. \$1.75.

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EUGENIC STERILIZATION IN CALIFORNIA.*

II. THE FEEBLEMINDED.

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Pasadena, California

On April 26, 1909, the first sterilization law was passed in California, authorizing the superintendent of the State Home for the Feebleminded (as well as the superintendents of hospitals for the insane ¹) to perform on inmates, before release from the institution, an operation which would prevent parenthood.

The first operation at this institution was not done until August 12, 1911. Since then, sterilization has been performed systematically, at first on selected cases and during the last few years on all who were allowed to leave the institution; until on June 30, 1926, the total number of sterilizations amounted to 1,054, of which 606 were on males and 448 on females.

The great bulk of these fall within the last 10 years.

* This is the second of a series of papers on sterilization in California. The first appeared in the JOURNAL OF SOCIAL HYGIENE, Vol. XIII, No. 5, pp. 257-268, May, 1927.

¹ The section of the law which applies to certain recidivists in the state prisons has been virtually unused.

The Sonoma State Home at Eldridge, California, has now a capacity of approximately 2,200, with at least 500 in addition always out on parole, and a waiting list of more than 700 applicants for admission.

It is impossible to give any comparable figures, which will suggest the proportion of defectives in the whole state, for there are too many conflicting points of view involved. All persons much below the average are of concern in a program of eugenics, if their defect is due to heredity, and not merely to disease or accident. But they are not all of concern in an inquiry as to the number of persons who need custodial care, for many of them, particularly the males, of a relatively low grade of intelligence succeed in getting along in the community pretty well with only such help as relatives and friends can give them.

If consideration is limited to those who are of such very low mentality as to require, if not custody, at least continual supervision, it is doubtful whether the number can possibly be put at less than one-half of one per cent of the total population. On this basis there would be at least 20,000 such in California. Many estimates have been 4 or 5 times as high as this.

But there is a large number of feeble-minded of much higher grade, who because of the temperamental or emotional traits are a much greater problem in the community, and possibly a greater menace to future generations as well as to themselves.

This group often shows symptoms of mental disease as well as of mental defect, and the former may outweigh the latter. There will be found in the Sonoma State Home (as in most other institutions of the same sort) not a few patients with average normal or at least dull normal intellects, who are quite incapable of making their own way in the world successfully; and who yet could never be committed to a hospital for the insane.

The tendency appears definitely to be, to commit to Sonoma those of the feeble-minded who are unstable, while those who are stable are more likely to stay out. To put the matter differently, feeble-mindedness as the term is used in law and in institutional practice is not a biological concept at all. It is a social concept, and embraces a large number of conditions that, from a biological point of view, are quite dissimilar.

The implications of this fact are of great importance eugenically, and should be borne in mind throughout this discussion. The Sonoma population does not constitute a fair sample of the feeble-minded, not even of the low grade feeble-minded, of California. It comprises to a marked degree only the most acute and troublesome cases that come before the juvenile courts. No court will "break up a home"; no county will assume the cost of maintaining a ward in the institution; no social worker will go to the trouble of securing a commitment; and the institution ordinarily can not, because of its overcrowded condition, receive a patient; unless the patient has an outstanding claim to admission.

The patients therefore tend to fall roughly into two groups which are distinct even though by no means sharply defined: first a group of low grade individuals (predominantly males) who are homeless and helpless and are sent primarily for their own protection; secondly, a group of somewhat higher grade individuals (predominantly females) who have intellect enough to get along in the community but whose behavior is so bad that, after every other course has been tried, they are as a last resort sent to Sonoma primarily for the protection of society.

A complete survey of eugenic sterilization in California has been under way for the past year and a half, and is financed and directed by E. S. Gosney of Pasadena,² in consultation with an advisory committee made up of recognized authorities in many different fields.

² See "Eugenic Sterilization in California": I, "The Insane," by Paul Popenoe, JOURNAL OF SOCIAL HYGIENE, Vol. XIII, No. 5, pp. 257-68, May, 1927.

In the course of this, the records of the Sonoma State Home were examined, and abstracts made of 605 case histories. These represented all of the sterilized patients who had ever been out of the institution, and a few more taken in connection with various special studies.

The remaining case histories represented patients who had not yet been in the home long enough to be paroled, or who were dead, or who had deteriorated or failed by their conduct to justify release, and so on. It is believed that our records are fairly representative of the whole body of sterilizations. They will be analyzed from various points of view in future papers; the object of the present introductory paper is to give a general picture of the kind of persons who have been sterilized at this institution.

Nearly all these young people were born in the United States: 58.44 per cent in California, 32.12 per cent in other states or American possessions, 7.45 per cent abroad, and 1.99 per cent unknown. As in 1920, of the total population between the ages of 5 and 20, 7.57 per cent were born abroad, it appears that the foreign-born are in quite their proper proportion among the sterilizations,—no more, and no less.

The parentage of the sterilizations shows a much larger foreign element:

TABLE I
PARENTAGE OF STERILIZED PATIENTS

	Males Per cent	Females Per cent
Both parents born United States.....	39.01	38.29
1 parent United States, other foreign.....	16.48	12.53
Both parents foreign.....	34.62	27.19
Unknown	9.89	21.99
	<hr/> 100.00	<hr/> 100.00

It is not feasible to make a very close comparison of these figures with those of the general population, but of the native-born, ages 5 to 20, at the last census in California,

57.33 per cent were not only born in the United States but had both parents born here as well; 35.05 per cent, though born in America, were of foreign or mixed ancestry.

Comparison of these figures suggests that, if more exact data were available, it might be found that native whites of native parentage are somewhat under-represented in the sterilizations, in comparison with those of foreign or mixed parentage.

This does not necessarily prove that there is more mental defect among some of the recent immigrants and their children, than there is in the older American stock in California; nevertheless, other studies³ indicate unmistakably that such is the case, some of the Latin races particularly contributing more than their share. While we have not the figures of the total Sonoma State Home population for comparison, the indication is that the distribution of racial parentage among our sterilizations is not far from that found among the feeble-minded of the state as a whole.

Of foreign countries which contributed any appreciable part of the total parentage of the sterilized patients, the following table shows the number of parents (not of parental couples) born in the country named:

TABLE II

FOREIGN-BORN PARENTS

Portugal	96
Great Britain	75
Italy	68
Germany	47
Mexico	33
France	27
Scandinavia	20
Canada	18
Russia	12

³ Young, Kimball, "Mental Differences in Certain Immigrant Groups." University of Oregon *Publications* I, No. 11, July, 1922 (Dr. Young's investigations were made in California). See also Paul Popenoe, "Intelligence and Race: I, The Foreign-Born," *Journal of Heredity*, XIII, 265-9, June, 1922.

There are in our records three male and six female Negroes.

The mean age at admission of all the sterilized boys is $17.52 \pm .45$ years, of the sterilized girls $19.39 \pm .19$. The operation usually follows within two or three years of admission, the mean ages at the time of operation being $19.95 \pm .25$ years for the boys and $21.99 \pm .19$ for the girls.

Sterilization is usually performed only after puberty, not because earlier operation would produce any undesirable effect on the individual, for there is no evidence that it would; but because the undeveloped anatomy prior to adolescence makes the operation more difficult. The youngest male in this series was 12 years and one month old when operated; the oldest was 42. The youngest female was 11 years four months, the oldest 43 (four at that age). The complete distribution of ages at operation is:

TABLE III
AGES OF STERILIZED PATIENTS

Ages	Males		Females	
	Number	Per cent	Number	Per cent
10-14	13	7.14	22	5.20
15-19	108	59.35	183	43.26
20-24	35	19.23	133	31.44
25-29	14	7.69	37	8.75
30-34	8	4.40	25	5.91
35-39	3	1.65	17	4.02
40-44	1	0.54	6	1.42
	<hr/> 182	<hr/> 100.00	<hr/> 423	<hr/> 100.00

The mental rating of these patients is given by the Intelligence Quotient, which represents their mental age, as measured in standard tests, divided by the chronological age as shown by the calendar. Thus a boy who is 10 years old but has the mind of a five-year old is given an IQ of .50; a boy of 12 who has the mind of a nine-year old rates .75, and so on. (Ages above 16 are disregarded, since little intellectual development takes place after that age.) The mean IQ of the

males is $59.23 \pm .65$, that of the females $61.69 \pm .44$; in other words, the average sterilized patient is on the dividing line between low moron and middle moron.

The lowest male sterilized was a low imbecile, IQ 25; there was one other with IQ 29. To avoid making a separate box, these two have been lumped with the group 30-39, in our tables. Both of them are adults with the mental capacity of a normal four-year-old child. The highest male had an IQ 100, or in other words average normal—his difficulty was epilepsy rather than mental retardation. He is included in our group 90-99, which comprises two others that would be rated as average normal, one of them with IQ 90, the other with 91. One of these presented physical abnormalities, including thyroid defect, the other had been in penal institutions of one kind or another (including four terms in the penitentiary) since the age of 6; he was described in the commitment as "absolutely irresponsible and unable to care for himself on the outside. Well-behaved when in detention but an inveterate runaway." Presumably he was sent to Sonoma at the age of 33 because he had been in all the other institutions that would take him, and had to be sent somewhere. He was discharged after a short time (in 1920), and was shortly heard of in the hands of the San Jose police, since when nothing is known of him.

The girl of least intelligence was a high idiot with IQ 16, or say the intelligence of a two-year-old child, though 13 years old by the calendar. She was being cared for by her parents, who were well able to keep her, but with her entrance on adolescence wanted to have her sterilized, as a precaution against some possible catastrophe. Through the county probation office, she was sent to Sonoma for that purpose only, and promptly returned to her own home, where she still is.

Another girl with an IQ of 19 was sent in the same way for sterilization. The number of girls who have been sent to the institution for this purpose alone, with the understand-

ing that they are to be returned to their homes after the operation, is considerable, and will be made the subject of a separate paper. This particular girl, 20 years of age, is still in her own home. The two just mentioned, together with 3 low imbeciles (IQ between 20 and 29) have been added to our group 30-39 to shorten the tables.

At the other extreme is one girl with IQ 102, or a little above the average normal. She is epileptic. There are six others above 90, who would be classed as average normal. One would not expect to find such persons in a home for the feeble-minded, but it appears that most such institutions contain a few of this type, whose handicap is mental though not exactly intellectual.

The full distribution of the Intelligence Quotients is:

TABLE IV
INTELLIGENCE QUOTIENTS OF STERILIZED PATIENTS

I.Q.	Males		Females	
	Number	Per cent	Number	Per cent
30-39	15	8.24	20	4.73
40-49	30	16.49	63	14.80
50-59	44	24.18	122	28.84
60-69	61	33.51	104	24.59
70-79	23	12.63	67	15.83
80-89	6	3.30	40	9.46
90-99	3	1.65	7	1.66
	182	100.00	423	100.00

At the time our records were made, a little more than half of the patients whom we are considering were out on parole. This figure is of little significance, however, for the number of patients on parole is constantly changing, the patients going and coming frequently.

Whereas the ideal of a hospital for mental diseases would be to cure and discharge every patient admitted, a hospital for mental defectives can not allow itself to cherish any such hope. Its patients are mostly "incurable" and must be wards of the

state, or of some other responsible party, as long as they live. Hence the number of discharged is small.

It is made up largely from a few sources. If the parents or guardians of a patient want to take him out of the state permanently, he is discharged for that purpose. If they, or others, take him out on parole, and show willingness and ability to take care of him permanently, he is usually discharged after several years of parole. A few patients on parole become self-supporting and adapt themselves to the community life so well that their discharge is justified.

On the other hand, the tendency is to keep a patient on parole indefinitely, if there is any doubt about the possibility of his ever coming back to the institution. This protects the patient, by keeping a place for him, and protects the public by enabling the return of the patient at any time without the trouble and expense of a new commitment, if it should be necessary.

In this way many patients are kept technically on parole, who have been out of the institution most or all of the time for years. Some of them are married; one of them is in the army, and expects to reënlist at the expiration of his present term; on the other hand, some of them have been lost, having moved away and left no address, but are still carried as paroles, on the theory that they may sometime come to light and have to return. In a few instances, parents who have taken a defective child home and are caring for it, have asked that it be continued on parole instead of being discharged, so that in case of their death or incapacitation, the child can be certain of an opportunity to return to the protection of the home, without having to take place at the end of a long waiting list.

Following is the status of the 605 sterilized patients included in our records, at the time these records were made:

TABLE V
STATUS OF STERILIZED PATIENTS

	Males		Females	
	Number	Per cent	Number	Per cent
In the institution.....	62	34.06	119	28.13
On parole	96	52.75	226	53.42
Discharged	17	9.34	65	15.37
Dead	2	1.10	5	1.18
Deported	1	0.55	0	0.00
Transferred	2	1.10	2	0.48
	<hr/> 182	<hr/> 100.00	<hr/> 423	<hr/> 100.00

SUMMARY

1. More than 1,000 feeble-minded persons have been sterilized at the Sonoma State Home, Eldridge, California.
2. There appears to be no marked discrimination in selection on the basis of race or nationality.
3. Most of the operations are performed when the patients are between 15 and 25 years of age.
4. Most of these patients are morons, the mean Intelligence Quotient being around .60.

BOOK REVIEWS

TOWARD THE OPEN: A PREFACE TO SCIENTIFIC HUMANISM. By Henry Chester Tracy. With an introduction by Julian Huxley. New York: E. P. Dutton & Company, 1927. 257 p. \$3.50.

The volume which provides the occasion for this review can hardly be said to belong to the special literature of social hygiene. On more general grounds, however, it can be warmly commended to all who, like the readers of this JOURNAL, may be expected to find in science not only a powerful aid in manipulating the machinery of living but also an indispensable factor in the liberal development of the human spirit.

My copy has now many marginal scorings which I have placed there out of admiration and pleasure, not once in criticism. An opportunity or two for fault finding may have been missed. As the author says, however, in one of his concluding sentences: "All that is spoken here, in terse and illusive symbols, must be translated by friendly persons into living attitudes and incarnations of thought." It is easy, under the spell of his penetrating insight, his deep and sensitive feeling, and the felicitous line and color of his style, to forget pet vanities of scholarship and opinion and step happily into that very human company. His critics are not likely to be biologists with equally sound and catholic scholarship; or artists who set store by earnest and delicate appreciation of a wide range of aesthetic values; or humanists who know enough of organic science to recognize the authenticity of what he brings them.

Among the rest of the intelligent—and it is *to intelligence in England and the United States* that his work is dedicated—signs of hostility are certain to appear. For Mr. Tracy is not only a biologist and a humanist, but a teacher as well. As a teacher, he shows scant patience with the devitalizing trends of modern pedagogical technology, whose relation to the educational process too frequently suggests a marriage of convenience without due regard for the quality of its offspring. His vivid words may be expected to provoke defensive reactions among the schoolmen. If so, his critics will save time by remembering that he has not attempted to formulate an educational program fashioned for immediate use under existing

conditions. There is always the need for the machinery of accomplishment. But there is always a prior need, more subtle and significant, for a true and adequate objective. And this, in the author's meaning, rests largely in an *attitude of mind*. It is enough that through the medium of eighteen brief chapters he has succeeded, with rare literary resources, in presenting in such frank and sensitive and compelling variety the indispensable humanity of science.

To teachers who have grown weary of detaching their subject from the intimate and essential lives of their students, "Toward the Open" will be as a rush of mountain air through a sunlit window.

HARRY BEAL TORREY.

THE NORMAL CHILD AND HOW TO KEEP IT NORMAL IN MIND AND MORALS. By B. Sachs. New York: Paul B. Hoeber, Inc., 1926. 111 p. \$1.50.

One opens a book with such a title with considerable hope and anticipation, since so much of value can be written about the normal child. The disappointment is keen when we discover that while the first 49 pages are devoted to a helpful, practical presentation of the subject, the last 38 pages—nearly half the book—are given over to a negative discussion, which is not generally looked upon as a sound pedagogical method.

This last chapter is an emotional attack on psychoanalysis. One wonders for just what reader it is written. If for the mother or teacher who is eager to get information in the training of children, such an exposition could only serve to stimulate their curiosity as to what this dreadful thing they are warned against is all about. If for those familiar with the whole field of psychology—the first thing that impresses one is its unfairness and lack of a critical method.

The author has quoted Professor McDougall with admiration for his dispassionate manner in disagreeing with some of the truths of Freud. It seems to me that it would have been much more dignified and conducive to what is undoubtedly the author's purpose—to be of real help to those who are dealing with children—if he had imitated Professor McDougall in his reserve and not introduced Freud into his discussion at all, and had devoted this latter part of the book to a constructive study of the behavior of the child and what the mother can learn from this to help her in giving intelligent training and guidance.

The author says in his introduction, "In keeping with the tendencies of the day, child study is 'oversexed.' " I think that all who have given serious study to the educational ideal of social hygiene will take issue with this statement. They will say rather that the child's environment is oversexed—that the newspapers, the funny sheets, the movies and many novels, which the author mentions as menaces to youth, present at times interpretations and attitudes toward sex which are thoroughly reprehensible. But just because this is true, they contend that the child's education is undersexed; that because of the certainty that this type of environment is inescapable the parents should know how to build a normal respectful attitude toward these subjects, so that the child will have more sound education and less perverted information.

To quote again, "It is well for parents and teachers to be trained in child psychology. It is more important to apply the rules of common sense." I think that the majority of educators would consider a desire to know the child's mind works as preëminently an indication of common sense, and that a training in child psychology and common sense are in no way incompatible. Another quotation, "To reveal to a very young child sex problems is to foster the premature development of the sex instinct and needs. Mothers' clubs, excellent as they are in many respects, have done great mischief in this way." This criticism seems to presuppose that the mothers who are interested enough in the problems of childhood to attend meetings where these things are discussed, must necessarily believe that education in matters of sex should be thrust upon the child before he is ready to receive it. From my contact with scores of mothers' clubs, my conviction is that what the mother is trying to do is to be prepared to meet the child's needs and be ready with the proper information when his curiosity and development call for it. It has been my experience that there has been no tendency on the part of mothers to show any abnormal curiosity in matters of sex as such, nor does the name of Freud come up once a year in their discussions. Their whole object in taking time from a busy day of household duties is to get help in their very pressing practical problems.

There are wrong ways of presenting all subjects and occasionally some overzealous person will present the subject of sex instruction in a manner which would be very unacceptable to those who have tried

to work out a conservative but adequate program. Yet one wonders if the harm done in this way were balanced against the harm done by delaying or withholding information, if there would be any doubt as to which way the scales would fall.

HARRIET S. CORY.

GUIDANCE OF CHILDHOOD AND YOUTH. Readings in Child Study.

Compiled by the Child Study Association of America. Edited by Benjamin C. Gruenberg.

This volume of readings is the logical sequel of a book previously published, entitled "Outlines of Child Study." The point of view of this compilation is quite modern. In it "the child is considered as an organism, rather than as a finished automaton or as a pure intellect." The management of the child is considered as a problem in maintaining the health of the individual, especially the mental health.

The selection of topics and the order of arrangement are the result of the cumulative experience of the Child Study Association, working in collaboration with numbers of study groups and various other organizations. Over thirty people have worked on the selection of the citations; many others have volunteered their services; various authors and publishers have courteously allowed their publications to be used, while the Laura Spelman Rockefeller Memorial has supplied the financial support.

The contents are divided into four subdivisions, viz:

- I. Impulses and Activities.
- II. The Social Environment.
- III. Organic Foundations.
- IV. Individual Variations.

I. IMPULSES AND ACTIVITIES

This section includes chapters on the following subjects:

1. Discipline
2. Truth and Falsehood
3. Curiosity
4. Fear
5. Constructive and Destroying Interests
6. Imagination

7. Play
8. Ambitions and Vocations
9. Rivalry and Competition
10. Fighting.

The chapters on "Discipline," "Truth and Falsehood," "Curiosity" and "Fear" are especially good. One article on "Toys" is most comprehensive and exhaustive, while the various contributions on "Imagination" and "Day-dreaming" are most illuminating.

The nature of "Play" has received during the past fifty years much intensive study and thought. The articles on play and games are splendid and contain the latest suggestions and contributions for the training of children in the best methods of playing. With Plato, we can agree that "education should begin with the right direction of children's sports."

Resentment and jealousy are very well explained, also the dangers of "Rivalry" and the reasons for failure and success. The discussion of "Fighting" covers the field well from the question of adult interference to that of sublimation and substitutes.

II. THE SOCIAL ENVIRONMENT

This section is treated under six headings, viz:

1. The Use of Money
2. Collecting and Other Hobbies
3. Clubs and Gangs
4. Books and Reading
5. Nature
6. Co-education.

Much valuable information is included in the articles on allowance, savings banks, earning money and spending it. There is a good demonstration of the value of a hobby or pastime in the form of collecting, or of creating things. A discussion of "Clubs and Gangs" shows that the loyalties and devotions of both are distinctly social and moral. The choice of books is most important, the first readings, fairy stories, caring for pets, and an early introduction to "Mother Nature"—her flowers, birds, trees, brooks, skies, clouds, etc.

The two contributors to "Co-education" seem to be on the affirmative side. It might have been more satisfactory to have had a con-

tribution from one on the negative side. There are some teachers who feel that while desirable in the elementary grades and in college, co-education in high schools is undesirable. A separation of the sexes in high school, during the adolescent stage of stress and strain, might prevent inattention, lack of concentration, and problems in sex behavior which are certainly more common in co-educational high schools than in those in which the sexes are segregated.

III. ORGANIC FOUNDATIONS

This section consists of the following chapters:

1. The Child's Development
2. The Child as an Organism
3. The Early Years
4. Instinct and Habit
5. Speech Development
6. Sex Education.

The "Child's Development," physical and emotional, is excellently handled, especially the early years. Plasticity is emphasized with the resultant formation of habits. There is an interesting talk on speech, the value of correct speech, the avoidance of baby talk and slang.

No book would be complete nowadays without a good chapter on "Sex Education." This is well done, from the questions of the very little child and the value of training the parents in answering all kinds of questions, to the care and training of the adolescent including physical, mental, psychological and spiritual growth.

IV. INDIVIDUAL VARIATIONS

A small section treats the following:

1. Heredity
2. Mental Tests
3. The Exceptional Child

The limitations of heredity and environment are discussed with attention drawn to the tremendous variety in human beings. The last chapters are short and very much to the point, including all kinds of intelligence tests and a study of the "Exceptional Child." The superior child is treated first, then the inferior child, the latter in-

cluding those physically handicapped and those mentally defective who are so often found in the juvenile courts.

This book should be invaluable to teachers, parents, social workers, etc. All subjects are handled simply and clearly, and from many different angles. Most of the contributors are authorities in their various lines of work. Altogether, the book is excellent.

FLORENCE H. RICHARDS, M.D.

BIRTH CONTROL LAWS: SHALL WE KEEP THEM, CHANGE THEM OR ABOLISH THEM? By Mary Ware Dennett. New York: Frederick H. Hitchcock, 1926. 309 p.

This is a straightforward, readable account of the history and present status of our federal and state laws affecting birth control, or "the use of intelligence and scientific hygienic knowledge to determine the wise times for conception to occur, and to limit the possibility of conception to those times" (p. 12).

Mrs. Dennett's major thesis is that, before there can be scientific progress in this field, the subject must be removed from the category of the obscene and criminal, where it was placed by the legislation of the 'seventies inaugurated by Anthony Comstock, who moved Congress by his eloquent defense of youth against gross indecencies commercially exploited. By five articles in the Federal Criminal Code, Congress prohibited the transportation or importation of all publications, information or articles in any form "*calculated to lead another to use or apply it for preventing conception or producing abortion, or for any indecent or immoral purpose.*" Contraception was thus linked at once with abortion (an entirely different matter) and with obscene practices.

Mrs. Dennett shows how this legislation was hurried through both Houses without debate or public hearing. This extraordinary thing was made possible by the great wave of disgust and indignation aroused in the minds of Congressmen by Mr. Comstock's revolting exhibit of books, pictures and articles obviously pornographic, then freely circulated with great profit to dealers.

Apparently even Mr. Comstock had not intended to prevent doctors from giving, or normal people from using, contraceptive information, and this aspect was certainly never considered by Congress. But the laws are "flat, sweeping prohibitions and apply to everybody alike," with no exceptions or qualifications whatever. In twenty-four states,

local "obscenity" legislation followed the federal pattern, and the unfortunate association of ideas has blocked all attempts effectively to amend or repeal these laws, although they are actually not enforced, and are even unenforceable in many instances. Not only have legislators been frightened away from any dealing with a subject so unsavory, but other public leaders have been made timid, so that study and impartial consideration and open discussion by professional and lay groups have been immeasurably retarded.

Nowhere is the term "obscene" defined legally, and the situation is a curious one, presenting such legal and psychological anomalies as these:

"Except in Connecticut, the *practice* of contraception is not a criminal offense, but in many states *asking or giving information* about it is, while sending such information through the mail is everywhere illegal.

"One state, Colorado, prohibits the bringing of any contraceptive *knowledge* (!) into its limits, but exemption from penalties for this crime is provided in the case of physicians, medical books and colleges.

"Similar exemptions are made in other states, though often in ambiguous fashion, as in New York, where one section of the legal code specifically prohibits all means of contraception, and a separate section exempts articles, instruments or prescriptions used or applied by physicians or at their direction, 'for the cure or prevention of disease,'—and by implication, those used for contraception.

"Perhaps the most extraordinary dilemma of all is that the single method of controlling conception that is commonly accepted as unobjectionable, and which is certainly a sure means—*abstinence*—is itself illegal in many states where withholding the rights of 'consortium' is construed as desertion, and is thus a ground for divorce."

Mrs. Dennett does not favor the attempts to modify legislation in the direction of allowing physicians special privileges as a class, seeing in this course only fresh sources of ambiguity and obscurity so long as the topic as a whole remains on the list of things proscribed because indecent. In this, she is in direct disagreement with certain other proponents of birth control, notably the American Birth Control League. But her book is far more than a special plea for a par-

ticular sort of legislative undertaking. For all students of psychology, particularly those interested in the changing social order, this is a rich source book, providing as it does a keen analysis of the concrete factors involved in the evolution of group thinking and action, in a field so provocative of violent emotions that clear individual thinking is difficult.

The book is in three parts: the first discusses the sorts of laws we have now, how they came about, and whether enforcement is possible. The second describes fifty odd years' experience in attempting to change the laws, with particular attention to the federal laws, and an analysis of the various types of changes proposed. The third part tries to find out what sort of laws the people really want. Appendices give a great mass of useful reference material, including the first thoroughgoing presentation of the scope of the various state laws.

Lest this sound like heavy reading, we hasten to recommend this book as a marvel of style, restrained in the face of great temptation, clear though apparently legally exact, and witty as well as good humored, in spite of unquestioned moral fervor.

LOUISE STEVENS BRYANT.

AN INTRODUCTION TO MODERN SOCIAL PROBLEMS. By Philip Archibald Parsons, Ph.D., Director of the Portland School of Social Work of the University of Oregon. New York: Alfred A. Knopf, 1924. 288 p.

Presented as an "introductory course, for college students, in the nature and causes of social problems" and to provide "knowledge regarding the nature and causes of social problems which ought to be a part of the equipment of every person who attempts to deal with them either as a paid social worker or as a volunteer" the author succeeds in making a distinct contribution toward better understanding of the background against which the whole of social work may be viewed.

Because so many problems have to be referred to in the small compass of one book, it is inevitable that the result is a framework. But a valuable framework it is, with unnecessary words omitted and those that remain not too hard to understand.

The rapid growth of social work, or perhaps more precisely the rapid increase in openings for those who desire to do social work has left quite a gap between the number of positions requiring workers

and the number of trained workers to fill them. Untrained workers or those whose training has been too largely that of experience alone have imperative need, even if sometimes unrecognized, for an understanding of the historic backgrounds to the problems confronting them.

This book gives valuable assistance in making that background clear. The bibliography is comprehensive.

CHARLES E. MINER.

THE STATUS OF HYGIENE PROGRAMS IN INSTITUTIONS OF HIGHER EDUCATION IN THE UNITED STATES. By Thomas A. Storey. Stanford University Publications, Medical Sciences, Vol. II, No. 1. Stanford University Press, 1927. Paper, \$1.00; cloth, \$1.50.

This monograph is the report of an inquiry extending over a period of some eight or nine years. It was made possible by the coöperation of several institutions and by the work of a score of investigators. It is concerned with the hygiene programs of 442 institutions of collegiate and professional grade, as: colleges and universities; teachers' colleges and normal schools; schools of medicine, dentistry and nurses' training; private schools of physical education; and schools of theology.

Such full hygiene programs are conceived as comprehending: (1) Informational elements; (2) organized personal services fostering student health; (3) physical education, including sports, games, recreation and athletics; (4) the administration of the actual living and working conditions of the institution from the point of view of sanitation and the health of the personnel.

The numerous statistical tables and the discussion of them, that is to say, the divisions of the report itself, follows this analysis.

The motive of the investigation may be said to be to find an answer to the question as to what degree the instruction and the regimen of the higher educational institutions are likely to contribute to habits, knowledge, discrimination and judgment concerning matters of personal and group health on the part of the students, and through them, to the progress of these ideas in the country at large.

As to instruction: Of the 142 universities and colleges reporting, 80 require some attention to hygiene. This varies in amount from one hour a week for one-third year to three hours a week for two

years. In 61 teachers' colleges and normal schools, 40 require hygiene, varying in amounts from one hour a week for one-third year to three hours for one and one-half years. Of 67 medical schools, 62 require the subject for two hours a week from one-half year to two years. In 40 dental schools 36 require one hour for one-half year to two years. Practically all training schools for nurses require hygiene instruction varying in quantity from one to six hours for one-half year. Nine out of ten private schools for physical education have a requirement of one hour for one-half year to three hours for one year. Of 101 theological schools only 7 make any requirement, with the maximum of one hour a week for one year.

In the great majority of even those institutions requiring some work, the character of it suffers greatly from such facts as these: too many students per teacher, sections too large for effective education or for testing of results, little or no preparation on the part of the students, shortness of courses, and infrequent meetings.

Social hygiene: Out of 442 schools of all types, 254 report as requiring informational hygiene. Of this number 112 give some instruction bearing on the wholesome use and control of the sex-reproductive functions. This work is done chiefly in connection with biology and eugenics, general hygiene, physical education, home economics, and by special orientation lectures prescribed for freshmen. The reviewer knows, in connection with a special piece of coöperative work between the American Social Hygiene Association and American colleges and universities, that the proportion of institutions actively including this kind of work is somewhat increased since these data were collected.

Health service: A number of the stronger institutions have built up a large equipment of persons and facilities to furnish physical and medical examinations; to prescribe appropriate corrective and developmental exercises; to diagnose, advise and treat ailments and furnish surgical, nursing and hospital service, usually at a nominal cost to the student. The great majority of schools trail downward from these to zero, in the way of provision for health service. This movement may be said to be in its lusty infancy, and will doubtless become adequately developed in all the better class institutions. The types of institution with the poorest provision in this respect are the professional schools of medicine, dentistry and theology.

Applied hygiene, or provision for the *practice* of health. The

required physical education programs, except in a small minority of institutions, are conducted under such conditions as to make improbable any great or permanent influence for health attitudes or practices. For voluntary recreational and athletic activities there is a fair provision and demand in universities, colleges and teachers' schools. It is still true, however, that less than half the student population, on an average, take advantage of these provisions even in such favored schools. Again, the medical, dental and theological schools are far in the rear.

While intercollegiate athletics are common in colleges and universities and are able to be the means, under favorable conditions of restraint and interpretation, of making a real contribution to sane student conceptions and practices with respect to health, there is little evidence that they now do so, or under current conditions are likely to do so.

Administrative hygiene, or the hygiene and sanitary handling of the material equipment and student surroundings. These programs proceed for the most part in such conformity with local laws and ordinances as is common in the community itself; but rarely stand out in such degree, or are so emphasized and interpreted, as to constitute them carriers of information, conviction or practice.

The final chapter is the author's summary of conclusions, and is a fair indictment of our institutions of collegiate and professional instruction, as, on the whole, ineffective as a means of substituting adequate ideas and ideals of personal and public health for the ignorance, prejudice and inertia which characterizes the average youth or citizen. In this way is the question which inspired the investigation answered. The writer who has assembled and analyzed the details can do no other than strike a pessimistic, minor chord in his conclusion. The reviewer, in the act of collecting some of the data, knows from personal conversation on various campuses that the optimism of intelligent students about the hygiene programs is only a moderate fraction of that entertained by those who direct the programs.

While the conclusions of the writer would not have differed greatly if he had written them before the investigation was made, it means much for educational ends that he is able to base them on so large an accumulation of detailed data, gathered from widely distributed and representative institutions.

To the reviewer the practical and hopeful value of this report seems to depend upon two things:

(1) That an effective, successful educational handling of *every single element* in such a complete program of hygiene is *now actually current* in one or another of our institutions,—even if not yet in any single institution are they to be found perfectly balanced. This marks the goal as within human acceptance and reach.

(2) That the report itself shall be made widely available to all those throughout the country upon whom the responsibility for health education rests.

T. W. G.

PROBATION AND DELINQUENCY. The Study and Treatment of the Individual Delinquent. By Edwin J. Cooley, Chief Probation Officer, Court of General Sessions, New York City, New York. Catholic Charities of the Archdiocese of New York, 477 Madison Avenue, 1927. 544 p. \$3.00.

The purpose of this book, says Father Keegan in the preface, is "to portray accurately the standards and methodology of probation practice employed by the Catholic Charities Probation Bureau and some of the results which have been attained during 24 months' experience in the Court of General Sessions."

The first of these aims has been admirably accomplished. The suggestions for investigation, study, diagnosis and treatment are all in accord with the best practice in individual case work. The chapters dealing with these topics will hardly be criticized by social workers as the ideals toward which to work. They may point out, however, that Mr. Cooley had resources upon which to draw which will scarcely be paralleled in other courts. Chapters VI and IX, "A Study in Diagnosis" and "A Study in Adjustment" are illustrative case histories presented clearly and as the result of intensive study. They show in detail how thoroughly the work of investigation was carried on. Chapters X and XIV also present well chosen illustrations of the types of delinquents handled and of the elements of various sorts which enter into "The Making of a Delinquent."

Persons interested in the third aim of this book, "to portray . . . some of the results" must be greatly disappointed by what they find. The report presents no summary of the outcome at the conclusion of the study, nor is the date of conclusion stated. Even in the chapter

entitled, "Critical Evaluation of Probation" (Ch. II) we find that the term applies, not to the evaluation of this particular study, but of observation of probation in general, with an account of its history and struggles. Similarly, "Probation Research," deals not with the results of this study, but with an enumeration of studies made elsewhere, together with a suggested plan of study.

Nor can we find any definite statement as to what should constitute the criteria by which to judge the successful outcome of individual probation. Is probation successful if the probationer during his period of probation does not commit an unlawful act and conducts himself with a fair degree of decency in his social relations? Or does it mean *permanent* social adjustment? The latter concept can be implied from the two following quotations. On page 33 we find: "Probation is a process concerned primarily with the redemption of human character and the adjustment of the individual to the claims and responsibilities of society and the fulfillment of his inherent potentialities." And on page 428: "The correctness of the diagnosis and analysis can only be determined by end results. For this reason the continued emphasis of research must be upon the after careers of offenders whose social and criminal history and mental and physical condition had earlier been subjects of investigations."

If this interpretation of these sentences is correct, it is hard to reconcile with the statement, p. 314, that 85 per cent of the probationers "who have completed their probation under its (the Bureau's) direction, have been rehabilitated and satisfactorily adjusted to the community."

The weak point for most studies of probation up to date seems to be the claims made as to the successful results of the system. Not only because of this but because of the very great importance of the work undertaken by the Bureau and described in this volume a rather careful check-up of data was made.

The period covered by the study runs from January 1, 1925, to November 1, 1926, during which time the Bureau conducted 3,053 social investigations of felons arraigned in the Court of General Sessions. Of this number 2,957 or 97 per cent were men and 96 or 3 per cent were women. (p. 86.)

Of the 3,053 investigated only 18 per cent were placed on probation. Thus, 550 men and women were actually under the probationary supervision of this Bureau during the period referred to unless the

Bureau continued or took over the supervision of probationers in this court who had been placed on probation prior to January 1, 1925. (pp. ix and 85.) That such undoubtedly was the case is indicated by a statement quoted from the Survey of June 15, 1926 (p. 313 of this book). That number of the Survey states: "At present the probationers under the Bureau number 839 men and 50 women."

As this number, 889, exceeds, even by the end of a year and a half, the total number, 550, which the Bureau claims to have been placed on probation as a result of its investigation, it seems likely that probationers still on probation, January 1, 1925, are included.

It is stated elsewhere (p. 290) that the average period of probation is three years. Thus, comparatively few of the persons investigated by the Bureau and placed on probation by the court could have completed their probation within a year and a half of starting this demonstration. This means that the 85 per cent of an unknown number of probationers represents relatively few cases or is based on cases which did not receive the intensive study undertaken by this Bureau.

Elsewhere in the report (p. x and p. 297) it is stated that "Careful analysis of the current results testifies to the efficacy of this supervision work, for it indicates that 85 per cent of the probationers will become permanently adjusted to a helpful orderly life in the community."

Whether this 85 per cent for whom a favorable outcome is prophesied corresponds with the 85 per cent "who have completed their probationary period . . . (and) have been rehabilitated" does not appear. Nor do we know the actual number of probationers who comprise the 85 per cent referred to. So far as the Survey reference is concerned, it means if it refers to persons investigated by the Court of General Sessions before the Catholic Charities Bureau took over the work, that a very high percentage of success followed *without* the intensive study recommended by this Bureau, unless these cases were re-studied after January 1, 1925. In the case of the 85 per cent for whom a favorable outcome is predicted, aside from the value of prophecy in evaluating results, the percentage refers either to the same group as that mentioned in the Survey or it may refer only to those placed on probation after investigation by the Catholic Charities Bureau. In the latter event the number is either too small to be significant or the time is far too early to warrant predictions of any sort, inasmuch as a considerable number, even of 550, could have been on probation for less than a year.

The book clearly calls for a companion volume, perhaps five years from now, presenting a follow-up study of the 550 men and women placed on probation, a study that shall serve for adults as does the volume on "Delinquents and Criminals" by Healy and Bronner, for children.

The value of the two years reported upon in this volume lies chiefly in its power to demonstrate what can be accomplished, if only temporarily, in the rehabilitation of criminals when adequate financial support is available when skilled workers are employed and community facilities are used to the utmost.

The book should be in the hands not only of those specially interested in probation but also in those of our many citizens interested just now in the larger problem of crime, its causes, its prevention and its cure.

The reader is a little surprised to find George Eliot, Heywood Broun and Christopher Morley among the contributors to *The Family* (pp. 92, 114, 166). Also, on page 72, one finds attributed to Dr. Putnam a remark that two pages farther on is credited to Adolf Meyer, p. 75.

KATHARINE BEMENT DAVIS.

FAMILY DISORGANIZATION. By Ernest Mowrer, Ph.D. Chicago: Chicago University Press, 1927. 300 p. \$3.00.

Dr. Mowrer's book analyzes, combines and interprets the findings of many books and articles that have been written along the line of family disorganization and gives a person a world of important material.

While Dr. Mowrer gives a good deal of material on divorce and desertion he emphasizes the idea that these are by no means a complete index to family disorganization. He says (pp. 142 to 143):

"Let us mean by family disorganization, then, so far as it concerns the relationship between husband and wife, that series of events which tends to terminate in the disruption of the marriage union. It is, in other words, the individualization of behavior in marriage relations, as contrasted with family organization, which is the tendency toward identification of behavior in marriage relations.

"The disintegration of the family may be thought of, accordingly, as a loss of family consciousness, *i.e.*, a disintegration of the familial attitudes which make up the family complex. Divorce and desertion are but forms of family disintegration, and may be taken to indicate

the completion of the process of family disorganization, *i.e.*, that series of events leading to the breakdown and discontinuance of the family relationship."

His attitude is that in the past such great movements as the Reformation, the romantic movement and the industrial revolution, have had important effects on the status of woman, the relation of parents to adult children and the general composition of the family.

During recent times the great development of urban life and increase of mobility among the people are having still further effects on the generally accepted conception of the family. There is a growing amount of economic independence even among married women, especially among employed women, and this affects their attitude toward family obligations.

Dr. Mowrer accepts the idea that the family is changing and is interested in describing the changes and predicting the outcome in terms of human welfare. He is more concerned with describing what takes place than in measuring the present processes in family development against his fixed conception of what ought to take place in a family. He says that the lack of consensus of ideals of family life is largely due to the fact that as yet there has been no satisfactory adjustment of the family to urban life.

He makes a slight reference to the demand of some radicals for sex freedom, but gives no countenance to the idea of promiscuity. The demand for sex freedom is expressing itself in the increasing choice of people to remain unmarried in order to pursue their own career and in a tendency to dissolve the marriage relationship more easily than formerly.

The statistics of the increase in divorce which he cites show that the proportion of divorces to the population or to marriages, is practically double what it was fifty years ago in the United States and it is more extensive in the cities than in the country. He says that desertion is sometimes called the poor man's divorce and is as much an index of family disorganizations as divorce is.

The causes of family disorganization are classified and compared. More divorces are granted at the request of women than of man. This may be because public sentiment is such that the woman is more likely to be successful in establishing a cause for divorce than a man, even though the justification might be equal on both sides.

The causes for divorce which are alleged by those who bring the suits are determined more by what may legally be alleged as a cause

and of what may be allowed under the mores of the community than they are by the real causes. The subjects of cruelty, adultery, drunkenness, non-support and the like, are all studied statistically.

There is an interesting discussion of how little real understanding there is even between husband and wife on the subject of the sexual feature in married life. A frank discussion and understanding of this element would contribute to stabilizing the family.

Dr. Mowrer gives an interesting discussion of case work and what it can contribute to prevention of family disorganization. Some of his case stories make extremely interesting reading.

His final chapter on the control of family disorganization as well as other chapters refer to the "ordering and forbidding technique" used by the state and the church. He considers this as a rather inefficient way of preventing family disorganization. He thinks that the psychiatrist and the psychiatric social worker can make the best contribution.

In the cities impersonal relationships do not afford the controlling influences which were formerly afforded by the personal relationships of the small community. The compensation for this is to be found in the social agency with its individualizing treatment.

The phraseology in which the author describes this change is quite amusing to a social worker. He says (pp. 275) "But social work has taken over from the community other means of control than that of the more formal extension of the governmental processes. Social work operates also as a form of organized gossip in defining the situation for the individual in terms of community standards. 'Gossip is a mode of defining the situation in a given case and of attaching praise and blame. It is one of the means by which the status of the individual and of his family is fixed.' Under rural conditions the gossip performed, gratis, the function of controlling the behavior of those who took the mores too lightly. In the urbanized community to-day, the social worker performs much the same function."

The book is delightfully interesting and is one that no person who is interested in understanding family problems can afford to neglect.

L. A. HALBERT.

THE INTIMATE LIFE OF THE INDIVIDUAL, THE FAMILY, THE SOCIETY, AND THE RACE. By Winfield Scott Hall. Chicago: The Midland Press, 1926. 207 p.

For nearly a generation Dr. Hall has been one of the most active writers and lecturers in the field of social hygiene. He has done so

much good work that it is regrettable that his books cannot be indorsed with fewer reservations. The present one, inspired by the same high ideals that characterize all his writings, is chaotic in arrangement and, along with much that is sound and constructive, contains numerous errors of fact or emphasis that detract from its wide usefulness. His remarks on the evolution of man, on the law of "recapitulation," and on Mendelism, are wholly inadequate, and might well have been omitted. The psychology and pedagogy of his views on sex education for children are open to criticism at many points. That a nocturnal emission "means practically the same in the young man's sex life that her monthly period means in his sister's sex life" is a much too simplified statement of the case. While the author at times strongly defends the necessity of contraception, at other times he seems to indorse the idea of coitus for reproduction only; thus he says:

"Nature calls upon the male animal to make a contribution for procreation, which contribution is, always has been, and in the very nature of the case always must be a certain tax upon the powers of the male animal. When the intercourse is indulged for procreation only, the male animal can well afford to make the contribution."

Again, answering his own question, "May a man have intercourse for any other purpose than for procreation?", he writes:

"If intercourse is indulged in for procreation only, it would come as often as once, perhaps twice in a month. . . . A man who has led a continent life before marriage should have no difficulty in controlling his sexual appetite to that extent."

That "under barbaric conditions, and in fact, until comparatively recent times, the vast majority of mankind were polygamous" is untrue. Monogamy has always been the rule, polygamy the exception. That "Nature has devised for illicit intercourse a retribution in the form of venereal disease" is an idea now maintained by few students of preventive medicine. That "Maternity means, first of all, sacrifice" is a one-sided view. Dr. Hall's ideas of eugenics are somewhat vague, and his statement about the inheritance of imbecility absolutely inaccurate, but his general attitude is conservative, as may be seen from the following counsel:

"If a young man is courting a girl and finds that her brother has epileptic fits, he should determine very positively whether there are

other cases of epilepsy in the girl's family. If the girl has not only an epileptic brother but an epileptic uncle, a neurotic uncle and an insane aunt, a grandfather afflicted with chronic alcoholism and several cousins afflicted with some one of these impairments, the wise young man will at once give up all thought of marrying the girl."

The book gives the impression of being put together somewhat haphazardly from lecture materials, which the author has not had time to revise, and which are sometimes more or less contradictory. Only a radical revision would make it acceptable.

PAUL POPENOE.

NEGRO ILLEGITIMACY IN NEW YORK CITY. By Ruth Reed. New York: Columbia University Press, 1926. 132 p.

This volume presents an interesting and significant study of Negro illegitimacy in New York City. This has been a phase of Negro family life that has had very little attention. Miss Reed's book is a contribution indicating fruitful sources of investigation. It is significant to note that the author does not consider the causes of illegitimacy among Negroes as being unique from those affecting the rate of illegitimacy in other racial groups in America. The differences are those of degree rather than those of uniqueness. The book will be of value to students desirous of making a more comprehensive study of illegitimacy in the Negro race in America.

FRANKLIN O. NICHOLS.

THE FINANCING OF SOCIAL WORK. By A. W. Procter and A. A. Schuck. Chicago: The A. W. Shaw Company, 1926. 260 p.

"The Financing of Social Work" by Procter and Schuck is written for the private citizen who has a contribution of money or service to make to the private social agency.

The underlying principles are set forth for selecting agencies which merit support; for "selling" the idea to the contributing public that investment of money and service in the work of these agencies is profitable in terms of human welfare; and for businesslike budgeting and control of operation and finance of such agencies.

A sympathetic statement of the Community Chest plan emphasizes the benefits of that method of social agency financing and coördination.

The practical value of the book lies primarily in the detailed

description of effective technique both of the organized drive and the mail types of money raising campaigns.

The long experience of the authors and their wide knowledge of the experience of others is summarized in an understandable statement for the benefit of those who must organize and administer the financing of social work.

RAYMOND CLAPP.

DIRECTOR, WELFARE FEDERATION OF CLEVELAND.

EDITORIAL

HOW ARE YOUR BOOKS?

The earth is not flat, two and two do not equal five, nor is the moon made of green cheese. Scientific knowledge is available on these points and literature attempting to set forth contradictory statements is no longer regarded seriously save as historical evidence of former ignorance.

In social hygiene literature, also, there are many tomes, both new or of ancient vintage, which might well be relegated to the curio collections or, better yet, destroyed. But large numbers of them are even now on the shelves of public libraries throughout the United States, where they are given as much authority as is accorded to accurate and reliable works. This is both harmful and unjust to the public who come to their libraries for honest information and who are not guarded against the dishonest type. In this connection it should be pointed out that unintentional ignorance on the part of authors may be just as evil in its results as is intentional misstatement.

Librarians and teachers occupy fiduciary relationships to the public employing them and relying on them. When, therefore, they give tacit recognition to a book by including it in their reference or recommended listings (unless, of course, its lack of validity is called to the attention of the possible reader) the trust is violated.

There still are many controversial points in the social hygiene field, and volumes of honest discussion by qualified writers have a definite place. They promote thought and study on moot questions. Their authors often perform real public services by debating issues, giving evidence for and against old theories, and advancing new ones.

For the junk wagon or the bonfire, however, we recommend those books which mix pseudo science with emotional cant, which pretend to deal frankly with social hygiene questions while, in reality, expostulating feebly in terms of "naughty, naughty," which are written primarily to sell rather than to teach, and which are mainly admonitions rather than guides.

The Association through its library advisory service welcomes all opportunities to be of service in evaluating social hygiene books. Any librarians wishing advice either on present collections or new purchases are cordially invited to use this facility.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
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Course on Sex Instruction and Guidance for High School Pupils.—

The United States Public Health Service has prepared and is distributing an outline of a summer school course for teachers on "sex instruction and guidance for high school pupils." The outline is intended to be suggestive only; it should be modified by the professor in charge to suit local conditions and the group for whom it is intended. The outline is prefaced by a set of four interesting cautions listed below:

1. Such facts of sex as are necessary to adolescence should be taught in a normal and wholesome way as a natural part of regular subjects in the curriculum and never as a course by themselves.

2. The single lecture on sex hygienic and venereal diseases for high school pupils should be discouraged, except in special cases where no other means of instruction is possible, and then it should be handled with great discretion and tact. When only the lecture method is available, a series of lectures is preferable, since it gives opportunity for a normal background to sex facts. On the other hand, exhibits such as "Keeping Fit" and "Youth and Life" and bulletins with a similar point of view are valuable for emergency instruction.

3. This outline has been prepared largely to furnish to teachers basic knowledge of adolescence and the part that sex plays in it, and to help them guide pupils in the mental and emotional developments of childhood, adolescence and youth.

The professor in charge should use discrimination in assigning books for outside reading, even though his students are all teachers.

4. The outline is in no respect to be regarded as a model series of

lessons for high school teachers to use for instruction of high school pupils.

Reference is made frequently in this outline to the following three publications:

“High Schools and Sex Education”—A manual of suggestions on education related to sex.

“Sex Education—A Symposium for Educators.”

“Today’s World Problem in Disease Prevention” by Dr. John H. Stokes.

These three publications may be secured in limited numbers free of charge. Application should be made to the U. S. Public Health Service, Division of Venereal Diseases, Washington, D. C.

The course includes an introduction which takes up the significance of sex education, its value for greater self-realization, and the place of sex in life. The need for sex education, recognition of that need, and the place of sex education are included in the introduction. The main headings are, of course, subdivided and are accompanied by recommended readings from authoritative books. Some of these headings follow: the biological aspects of sex, physiology and hygiene of the reproductive function, psychological aspects of sex, sociological aspects of sex, methods of sex education.

The bibliography which accompanies the outline is a comprehensive one and will be found most useful by teachers, educators, social hygienists and social workers.

World Federation of Education Association Conference.—A section devoted to school health problems will be a part of the program of the second World Federation of Education Association Conference, to be held at Toronto, Canada, August 7th to 12th. The interest expressed by a large proportion of those attending the School Health Section of the Federation meeting at San Francisco, California, in 1923 and again at Edinburgh, Scotland, in 1925, indicates the value of such an arrangement. It is proposed to present a program dealing with school health problems common to all parts of the world.

The following topics will be considered:

1. The training of leaders, doctors, nurses, and teachers.
2. Methods of presenting health facts to elementary, high school, and university students.
3. Environmental factors.
4. The service program, the doctor, the nurse and other specialists.

Report of the French League for Raising Public Morality.—A bulletin from the *Ligue française pour le relèvement de la moralité publique* reports that houses of prostitution have been closed at Mulhouse. Since for forty-five years such establishments have been closed at Colmar and for one and a half at Strasbourg, smaller cities are beginning to model themselves after the experience of the larger cities and after those of the civilized world where the results have been both hygienic and moral. In Hungary the government has announced the suppression of all commercialized resorts. This measure is to be completely carried out by May, 1928.

The League plans to publish a report on the hygienic results in France and foreign countries of sanitary and prophylactic programs conducted in France, and in full the program of sanitary and moral prophylaxis outlined by authoritative physicians, and the "L'union internationale contre le peril venerien." Articles in the report will be written by leading syphilographers.

National Probation Association Conference.—The twenty-first Annual Conference of the National Probation Association was held at Des Moines, Iowa, May 9 to 12, 1927. Literature of the Association was distributed at the headquarters, and several books on probation specially recommended for probation workers were placed on sale and orders were taken. A most interesting and well rounded program was given.

Report of the Social Hygiene Committee of the National Congress of Parents and Teachers.—A report on Parent-Teacher Progress in Social Hygiene by Valeria H. Parker, M.D., Chairman, and Newell W. Edson, Associate Chairman, of the Social Hygiene Committee, covers work done for the year ending April 30, 1927. It points out that parents and teachers are coming rapidly to recognize their responsibility and opportunities in guiding boy-girl relationships. Social hygiene activities during the year indicate a strong and encouraging growth in the application of sound principles and methods for training children and youth to a correct understanding of themselves and to fine habits and attitudes and ideals about love, the home partnership, and parenthood. Sex education as a means of interpreting boys and girls to each other and of guiding them to wholesome conduct is proving an increasingly important part of the parent-teacher program.

During the year nine state chairmen addressed 15 parent-teacher audiences, totaling 26,826 persons. In addition they talked to 140 high school groups totaling 24,491 pupils. Study groups in social hygiene have increased, as well as the use of social hygiene material in state parent-teacher periodicals.

The Social Worker's Relation to Venereal Disease Control.—Because so large a part of the present medical program for controlling venereal diseases was developed under pressure of the World War, it developed without reference to organized social work, states Charles E. Miner, Executive Secretary, Missouri Social Hygiene Association, in an article, "The Part the Social Worker Plays in the Reduction of Venereal Diseases," which appears in *Hospital Social Service* for May, 1927. Mr. Miner goes on to point out that relatively few social workers have had training in venereal disease control measures. Schools of social work have not in general been equipped to deal with the subject, and even hospitals and schools for training nurses have slighted to a surprising extent adequate training for students of their schools, states Mr. Miner.

However, in communities where a well rounded social hygiene program has included measures for venereal disease control, distinct recognition has been given to the place of social work and social workers in such a program. The four-fold plan, or the so-called American Plan for Social Hygiene, including Recreation, Education, Repression, and Treatment, has not been completely carried out in many communities. If education has been stressed, there is likely to have been a lessening of emphasis on the medical program and consequently more or less sight was lost of both the health officer and the services of social workers in that connection.

The part of the social worker in the program for reduction of venereal diseases is largely a matter of the relationship between the social worker and doctor. Social work is distinctly a part of the clinic service in two important particulars: first, it enables the clinic to locate and bring for treatment those in such association with known cases that there is likelihood of infection, and second, it helps patients to continue attendance during the long months which intervene after evidence of the disease has been removed and the time of discharge from treatment.

For clinics dealing with free, part-pay and pay cases, the social worker may be called on to assume responsibility for such investigation as may help the staff determine to which group any patient belongs. In following up patients the social worker renders a real service. Some clients of social workers have an abnormal fear of venereal diseases, the social worker can reassure these persons, she can explain to them that prompt and persistent treatment will bring freedom from the disease and will do away with the danger to others. The worker can assist as a community leader in securing general acceptance of an intelligent and well rounded program of venereal disease activities, she may mobilize public support for appropriations for free clinics, she can render service by familiarizing patients with the seriousness of their disease, the importance of continuous treatment, and may instil the desire to remain under treatment until discharged. She may assist as a moulder of public opinion, she may spread information about modern methods of treatment. She may assist in calling public attention to needs for and progress in repressive measures for the elimination of foci of venereal diseases, such as disorderly resorts. She may assist educational authorities to find a proper approach to the subject of sex at such time and in such manner as seems best to the school. All these activities bear directly on the reduction of venereal diseases and may legitimately be included in the program of social workers, believes Mr. Miner.

The social worker of the future must be more concerned with the whole of humanity. Of what avail, asks Mr. Miner, is the effort to produce bounding health by the fight against tuberculosis, only to provide another victim for syphilis? The cause of venereal diseases lies in defective environment, in congenital defect, in deficient education, in inadequate control of emotion and in immaturity of judgment in use of sex capacity, Mr. Miner declares, and urges that the adequate reduction of venereal diseases must come through a combined attack of social resources against socially disapproved forces.

Infant Mortality 1910-1926.—A substantial reduction in the infant mortality rate has taken place during the past generation, reports Howard Whipple Green, Director, Bureau of Statistics and Research. Cleveland Health Council, Cleveland, Ohio. This reduction cannot be shown graphically because of lack of reliable birth statistics for any considerable period of time. However, an index of this reduction can

be obtained by means of a comparison of the specific death-rates of infants under one year of age for various census years. For the City of Cleveland these rates were as follows: in 1900, 200; in 1910, 147; and in 1920, 102 per 1,000 infants under one year of age. It is very evident that the rate has decreased considerably during this period; from 200 to 102 deaths per 1,000 or almost 50 per cent.

The number of deaths under one year has decreased considerably, but the rate for infants under one month has decreased only slightly and under one week not perceptibly, the report states. This indicates that the causes of death of infants under one week and under one month have neither been affected by better economic conditions nor by public health work. The chief cause of infant-death in 1910 was diarrhea and enteritis; premature birth was next in importance. In 1926 these causes were reversed in importance and indicate that while little or no reduction in deaths due to premature birth was being experienced, a considerable reduction had been effected in the number of deaths caused by diarrhea and enteritis.

A comparison by cause of deaths of infants under one year for each of the past 17 years in Cleveland shows that of the 2,033 deaths of babies under one year of age which occurred in 1910, the largest individual number, 790, was ascribed to diarrhea and enteritis and the next largest number, 252, as due to premature birth. The death rates were 57 and 18 per 1,000 babies respectively. If these rates had held in 1926, 1,070 and 340 deaths would have been caused by these two diseases. The total number of infant deaths from all causes in 1926 was only 1,397, which is less than the number that these two diseases alone would have caused. In 1926, diarrhea and enteritis caused 139 deaths and premature birth 387 deaths, the former giving a death-rate of only 7, while the latter is a little higher than it was in 1910, or 21 per 1,000 infants.

A further study shows that the number of deaths from bronchopneumonia is increasing out of proportion to the number of infants. This increase may be due in part to the differences in the diagnosis of some of the diseases of the respiratory system, for it is observed that the number of deaths due to acute bronchitis is decreasing and that although the number of deaths due to influenza and pneumonia was extremely high in 1918, reaching 207, no marked trend is apparent over the entire period. It is also observed that the number of deaths due to influenza and pneumonia has increased slightly less than the

number of infants and for that reason it may be concluded that the joint rate has a slight downward trend.

The general conclusions drawn by Mr. Green are as follows:

1. Infant mortality has been greatly reduced during the past generation.

2. The decrease in the number of deaths due to diarrhea and enteritis is largely responsible for this reduction.

3. The death-rate from premature birth has steadily increased during the past generation.

4. Death due to premature birth has replaced diarrhea and enteritis as the most important cause.

5. Death due to premature birth can be prevented by encouraging the pregnant mother to have sufficient examinations during pregnancy, treatment for syphilis when required, and by obtaining the necessary instructions at this time.

National Conference of Social Work.—The fifty-fourth annual National Conference of Social Work was held at Des Moines, Iowa, May 11 to 18. The division programs were of distinct interest to social workers, educators and all those interested in public welfare and health work. The first division was on children and subjects for discussion both formal and informal ranged from the problem of "The Small Town and Rural District" to "Research in Child Welfare." The second division was on delinquents and correction. The third division was on health, with Dr. William F. Snow, Director of the American Social Hygiene Association, as chairman. A section of this division was devoted to social hygiene. "Social Hygiene Problems That Confront You," was the topic discussed by Elwood Street, Community Council, St. Louis, Missouri. Dr. B. Franklin Royer, Medical Director, National Committee for the Prevention of Blindness, talked on "The Relationship of Venereal Disease to Vision Defects." And Miss Chloe Owings, of the Protective Measures Division of the American Social Hygiene Association, spoke on "Prevention and Salvage."

The other divisions were on "The Family," "Industrial and Economic Problems," "Neighborhood and Community Life," "Mental Hygiene," "Organization of Social Forces," "Public Officials and Administration," "The Immigrant," "Professional Standards and Education," and "Educational Publicity."

Kindred group programs were held by the American Association for Community Organizations, American Association for Organizing Family Social Work Headquarters, American Association of Psychiatric Social Workers, the American Association of Social Workers, Big Brother and Big Sister Federation, Inc., Association of Schools of Professional Social Work, Child Welfare League of America, Committee on Public Aid to Mothers with Dependent Children in Their Own Homes, Committee on Publicity Methods in Social Work, Girl's Protective Council, Home Economics Group, National Association of Travelers Aid Societies, National Association of Visiting Teachers, and the National Conference of Social Service of the Protestant Episcopal Church.

Delegates to the Conference found ample opportunity to discuss their problems with persons from all over the country. Round table discussions were more informal and met in smaller groups, all of them being open to anyone who wished to attend. The meetings of the kindred groups provided an opportunity for all to mingle and exchange ideas.

Minimum Standards for Prevention and Treatment of Venereal Diseases.—The National Committee on Prisons and Prison Labor has issued a bulletin under the title of "Minimum Standards for the Prevention and Treatment of Venereal Diseases in Correctional Institutions."

On October 28, 1924, through the coöperation of the Board of Managers and Superintendent of the New York State Reformatory for Women at Bedford, a conference was held at the reformatory to consider the development of standards for treatment of venereal diseases in institutions for delinquent women and girls. Superintendents and physicians from institutions in New York and neighboring states met together with representatives of the American Social Hygiene Association and Departments of Health of New York and New Jersey.

A committee was appointed at this conference composed of Dr. Emily Dunning Barringer, visiting gynecologist, Kingston Avenue Hospital, Department of Health, New York City, chairman; Dr. Alberta F. W. Greene, who has since resigned, resident physician of the New York State Reformatory for Women; and Miss Franklin

Wilson, superintendent, Pennsylvania Reformatory for Women, to report at the next conference of the committee.

The report, when it was presented, gave rise to an unexpected and very vigorous discussion. Its preparation had been aided by Dr. Louis I. Chargin, chief of the Division for Venereal Diseases, Department of Health, New York City, and Dr. Walter M. Brunet of the American Social Hygiene Association. As a result, the Conference voted that a Standing Medical Committee be appointed to draw up more detailed standards. Dr. Barringer consented to serve as chairman of the Standing Committee, appointing Dr. Chargin and Dr. Brunet as the members of her committee, and with their aid prepared a more comprehensive report. This was considered of such value by the Executive Director of the National Committee on Prisons and Prison Labor that at his request the scope of the report was extended to include institutions for men and boys.

The report outlines the minimum standard for a venereal pavilion which should include examining room for new patients, and observation ward, gonorrheal wards, and syphilis wards. Equipment and rules for the use of gloves are next considered. Methods of examination and laboratory equipment are briefly and concisely discussed. The plan for the treatment of gonorrhea in the female is next outlined, and is followed by the plan for treatment of gonorrhea in the male. Plans for the treatment of syphilis cases, both male and female, form a section of the report. The final division is concerned with chancroid and infections other than syphilis and gonorrhea.

The introduction to the report is most interesting, answering as it does the average questions as to just what the venereal diseases are, their history, and significance from an economic as well as a social point of view.

Advanced Course in Social Hygiene.—The School of Medicine, Washington University, and the Missouri Social Hygiene Association offered an advanced course in Social Hygiene to social workers, graduate nurses, and workers in allied fields; and to officers and members of governing boards of organizations interested in this field. The course was restricted to those listed above and was not open to the public. All lectures were given in the Auditorium, North Building, Washington University Medical School. The course topics and instruction were as follows:

Controlled Venereal Disease Clinic.—The workings of a state controlled venereal disease clinic are discussed by Edward K. Golding, M.D., in an article in the *Listening Post* for March-April, 1927.

The clinic under discussion is one of a number established and maintained by the Pennsylvania State Department of Health, and is located at Reading, a city of 110,000 population. The clinic is maintained exclusively for the treatment of genito-urinary disorders and with rare exception the work is confined to treatment of venereal diseases. The staff includes the chief, an assistant physician, a male nurse who is also a state health officer, and a female nurse. The male nurse is on day and night call as health and quarantine officer; the female nurse is for clinic duty only.

The clinic has the duty of locating within its jurisdiction all persons who by reason of infection with venereal diseases together with their habits and occupations constitute a menace to public health. Its second purpose is to place all such persons under treatment and to enforce such treatment for such periods of time as may be necessary to effect a probable cure or to render the disease non-infectious. The clinic also encourages the spread of knowledge about venereal diseases.

The following policies are in effect: All prostitutes arrested and found infected are, through a special arrangement with the State Department of Health, quarantined for both observation and treatment in the House of Good Shepherd. An act of the State Assembly gives health officers this right on the theory that since "95 per centum of all prostitutes are infected" there is reasonable ground to believe that any prostitute is a menace to the public health until examination proves otherwise.

Other female patients coming within the menace class are quarantined or left at liberty if the physician in charge judges that they will observe rules of personal hygiene. Male public health menace patients are not generally quarantined, although it is believed that better results would follow if quarantine were practicable. The law applies equally to both sexes. Detentional facilities, however, so far afforded the State, are largely prepared to receive females.

Patients are drawn from numerous sources. They are referred to the clinic by social service workers, and by state, county and city health officers, also by physicians in private practice. The largest number of patients come from the police department. It is a local

police regulation that all persons captured in disorderly house raids are brought immediately to the clinic. This includes male frequenters. As a routine practice all the males are given prophylactic treatment.

Matrimonial Health Consultation Office.—On June 1, 1922, the Municipal Health Board of Vienna opened the Matrimonial Health Consultation Office for Suitors as a special department. The workings of this department and the success of it are discussed in an article by Dr. Karl Kautsky in *Hospital Social Service* for February, 1927. The reasons for the establishment of this department were conditions of national health as the consequence of the war and the post-war time. The responsibility of the matrimonial candidate being not only toward himself, but also toward his future wife and offspring, so much the more necessary is the examination of the candidates for the perpetual matrimonial union.

The individual who marries, particularly is this true of the woman, often assumes additional labor; if she keeps her job as she so often does to-day, she assumes the additional burden of the housekeeping and propagation. Her health is therefore most important. On the other hand the man may benefit under certain conditions, when he enters settled domestic life because his health may improve, or be regained. The wife or husband may be injured either physically by a direct transmission of an infectious disease—tuberculosis, syphilis, gonorrhea, or economically by the inability of the partner to work, by inconsiderate dissipation of the fortune owing to habitual drinking or insanity, or socially by the illicit conduct of the consort (alcoholism, homosexuality), or mentally and emotionally by sterility, frigidity or impotence, and in many other ways.

The offspring, too, is exposed to the danger of being infected with contagious diseases. Further the child runs the risk of the inheritance of an inferior predisposition, which often may affect his entire later life.

The consultation office cannot follow the purely medical aspects in recommending or forbidding marriage. It is a matter of applied medicine, practicality, and psychology as well. Sometimes it is better to allow a syphilitic man to marry even if his non-infectiveness is not yet beyond all doubt, under condition that he remain with his wife under permanent medical control. Were he forbidden to marry he might become disgusted with the cure, and might be driven into

relationship with others, endangering his partners. The object of the matrimonial consultation is not to create new clauses and traps within the sphere of marriage, but it is both pedagogic and hygienic too. People must be educated to a higher responsibility for their own health and for that of the person to whom they are closely tied. This task, Dr. Kautsky believes, can be accomplished by active work of enlightening the public, work such as is being done by lectures, notices, films and the press.

The success of the work done by the consultation Office for Suitors is manifested by two things: First, that title was too narrow and the office became plainly the Matrimonial Consulting Office, that is, not only suitors who wanted advice came there, but all sorts of people, married and single, with many complaints chiefly of a sexual nature; also individuals who wanted objective advice as to real or fancied diseases from an official physician, since from a material point of view, they believed him disinterested. Secondly, the great increase in the number of clients (is the other factor) points to the success of the work; some clients call again, even after several years, and with few exceptions all visitors submit with patience to all special examinations required.

The activity of the matrimonial consulting officers is almost exclusively an advisory one; the medical examination takes place only as far as it is possible with a sufficient accuracy at a general practitioner's office. For special examinations, the municipal dispensaries for venereal, tuberculous, mental and nervous diseases and those for inebriates, public out-patient departments and hospitals as well as the respective insurance doctors, or in the case of well-to-do patients their private physicians are used. Upon the basis both of the individual statements and of the several interviews the consulting officer tries to form a judgment of the personality of the inquirer in its totality. In the case of a couple to be married both parties are interrogated as far as possible, first alone, and then together, in accordance with their wish. If they wish it, the examinees receive a brief certificate stating the result of the examination. The consulting hours are twice a week in the afternoon, at the Municipal Health Board. The consultation is free.

The number of cases over a period of years were, as follows:

Year	New Cases	Old Cases Readmitted	Total
1922*.....	87	33	120
1923.....	478	336	814
1924.....	498	524	1022
1925.....	490	488	978
1926**.....	247	239	486
<hr/>			
Total	1800	1620	3420

* June-December. ** January-May.

The main groups, divided according to condition of health, are composed of the following percentages:

Year	HEALTHY		DISEASED	
		Venereal ¹	Tuberculous ²	Sexual ³
1923.....	23.9	24.7	13.6	18.2
1924.....	28.8	18.27	12.0	25.5
1925.....	31.63	12.04	7.34	17.55

¹ Clients with venereal diseases who were formerly, or are now suffering from syphilis, gonorrhea, or ulcer molle.

² Clients with an active tuberculosis, or those who have previously had tuberculosis, the traces of which could yet be found.

³ Clients with affections, such as disturbances of the potency, masturbatory, perversions, dyspareunia, sterility, complicated pregnancies, non-venereal discharge, malformations of sexual organs.

Venereal Diseases in Mexico.—In an article on "The Health Problems of Modern Mexico" in the April, 1927, issue of the *American Journal of Public Health*, Frederick L. Hoffman, consulting statistician, Prudential Life Insurance Company, devotes a paragraph to a statement of conditions as they exist regarding venereal diseases in modern Mexico. Venereal diseases from primary infections to active cases of syphilis are enormously common. In every public hospital, there are a number of public women undergoing treatment. In the

male wards, also, are many such cases, particularly in localities in which soldiers are stationed. The public regulation of prostitution is non-effective. Inspection and control are but a pretence. The author states that another reform is necessary which will bring about a drastic change in the existing state of affairs. A vast amount of manhood and womanhood, he says, is sacrificed to an antiquated system, which has fortunately been practically done away with in the United States. Blindness resulting from venereal infections is common.

Hostels for Venereally Infected Women and Girls.—The establishment in England of hostels for the treatment of women and girls suffering from venereal diseases followed closely the establishment of clinics providing free treatment for these diseases at the various hospitals, according to an article on "The After-Care of Girls" by M. Michael Shaw, M.B., B.S., in the March, 1927, issue of *Health and Empire*.

The author gives as an example of these hostels, two with which he is particularly familiar. Attached to the Royal Free Hospital, London, are two hostels for women and girls suffering from venereal diseases, one for non-pregnant cases and one for pregnant cases. The former has accommodation for 14 girls and the latter for 12 girls and 8 babies. The hostels are both houses of the type built in London some sixty years ago, when space was more available. They have big airy rooms and were easily adapted for their present purpose. Both have good gardens.

At the head of each hostel is a fully trained sister and working with her is a staff of three or four nurses. The girls received are, as a rule, working girls who, when free from infection, are capable of returning to their own occupations. Every endeavor is made to make the life in the hostels as near a normal family life as possible.

The average length of stay is, for non-pregnant girls, two to three months, for pregnant patients longer, as they usually remain some three or four months after the baby is born. During this time the child can be breast fed and given every chance at a healthy start in life. While in the hostel, the girls attend the hospital clinic twice weekly for inspection, and if necessary have daily treatment in the hostel.

A patient remains in the hostel until she is non-infectious; every girl has it impressed on her that this does not mean that she is cured

and she is taught the necessity of regular attendance at the hospital.

With the majority of the girls leaving the hostel little difficulty is experienced in getting them to attend the clinic regularly. On the whole they are intelligent, and since most of them work in London and the clinic is open daily until 7:30 P.M., there is no question of them not being free to attend at some time during the week.

To those who live some distance away transfers can be given to a nearer clinic, or if no nearer clinic is available, the local health authorities in some cases give assistance towards the payment of fares.

Both at the hospital and hostels an effort is made not only to make the girls realize the necessity for regular attendance but to get them to come willingly. Any patient who does not attend for treatment after leaving the clinic is "followed up." A carefully worded letter is sent, and if there is no response, visits are made to inquire into the cause of non-attendance.

Apart from medical treatment there are other problems to be faced when the girl is ready to leave the hostel. Some of the girls return to their own homes, but many must find employment to which they can go at once. Facilities for finding employment are given to these girls while they are in the hostel and those handicapped by lack of recent references or lack of training are often found employment with people who are interested in the work being done by the hostels and who are willing to give the girls an opportunity.

The unmarried mother presents the most difficulty. There are few positions open to a girl with a baby and those who do have their babies with them are rarely successful in managing both job and baby. The majority of babies are sent to foster-mothers and this necessitates that the employed mother be well paid. The sister in charge of the hostel has a list of approved foster-mothers, but considerable difficulty is often experienced in finding a suitable woman who is free to take a baby. The usual charge made by foster-mothers is fifteen shillings weekly. Many of the girls receive no help from the father of the child and have been turned away by their own parents. These girls find it difficult to pay the charge made by the foster-mother. Whenever possible pressure is brought to bear on the father of the baby, but even after a "court case" many of them evade paying. Without the help of hospital almoners, the girls' position would be impossible. The hospital almoners know to whom to appeal and often obtain

assistance from various charities towards the weekly payments to the foster-mothers.

When all arrangements have been made and the girl established in her position, she is welcome to visit the hostel at any time and to ask advice in any difficulty from the sister in charge.

Treatment of Vulvo-vaginitis in Children.—The Vanderbilt Clinic social service issues printed instructions for the treatment of vulvo-vaginitis in little children.

The following printed instructions are given to each mother:

1. This is a local contagious disease which requires treatment until the physician pronounces the child cured. It sometimes persists for many months.

2. To avoid infecting other members of the family, always wash the hands thoroughly both before and after bathing of the parts. The discharge, if carried to the eyes, may cause blindness.

3. The child should sleep alone. Be sure that no one uses any toilet articles, towels, napkins, or wash cloths used by the patient. All napkins, sheets, underclothing, towels, and wash cloths should be boiled or immersed in a solution of creolin (one tablespoonful to a gallon of water), before washing. Bathtubs, basins, and everything else coming in contact with the patient should also be washed with this solution.

4. It is advisable that all children with this disease should wear a napkin or pad, which should be changed twice daily.

5. Parents are cautioned not to allow the child to mingle intimately with other little girls. The child should not attend school or day nursery lest other children become infected.

DIRECTIONS FOR TREATMENT

Cleanse the parts externally at least four times daily with a solution of borax or boric acid crystals, one teaspoonful to a pint of boiling water.

Don't use any powder, ointments, medicines, or douches unless instructed to do so.

To prevent vaginitis in little children we recommend: exclusion from school or institution of infected children; making gonorrheal vulvo-vaginitis a reportable disease to the department of health; compel all hospitals, day nurseries, and asylums to have adequate

facilities for observation and isolation; two or more microscopic examinations of vaginal secretion before admission to institutions; daily inspection of vulva by nurse while bathing; the single service diaper or sterilization of diapers for infants; spray bath instead of tub bathing; individual thermometer, basin, soap, towels, etc., separate washing of clothing; the U-shaped toilet seat of proper height.

Syphilis and Mental Defectives.—As a factor in the etiology of mental defectives, syphilis holds an important place. Some authorities find it comparatively rare, probably owing to natural reticence on the part of parents or other relatives, and for this reason it is difficult to obtain information under this head.

Dr. G. G. Kilgour discusses the relation of congenital and acquired syphilis to mental defectives in an article in the *Illinois Medical Journal*, April, 1927. He points out that before the advent of the Wassermann reaction, the diagnosis of syphilis in the mentally deficient was rare, observation, based on clinical evidence, being under 1 per cent. Many of the feeble-minded who without the diagnostic in Germany, "Gordon" reported 16 per cent of positive reactions to consider syphilis as a major causative factor in mental deficiency. Early writers supported this assumption, Dr. Kilgour points out:

The new method brought about an increase in the number of mental aid of the Wassermann test presented no visible manifestations of syphilis, presented a positive blood serum upon being given the test. among the feeble-minded; in England, "Fraser" found 48 per cent defectives noted as affected with syphilis, and caused many authorities and in the United States, "Atwood" found 14 per cent.

The high mortality rate in infancy and the great number of premature deaths among the offspring of syphilitic parents, gave investigators reason to believe that the large number of cases among mental defectives were simply the survivors of a still larger group—a group that never reached an age at which they could be called defectives.

Armstrong, in 1914, stated that "inherited syphilis played a much larger part in the production of mental degeneracy than was supposed." Others have stated the same opinion and Gordon of Germany went even further and stated that "individuals in whom syphilis is unrecognized and untreated must be regarded as potential parents of mentally deficient children."

Dr. Neal A. Dayton, assistant superintendent of Wrentham (Mass.) State School, stated in a paper read before the New England Society of Psychiatry of Northampton (Mass.) September 24, 1924, that in 1922 he made Wassermann tests on 1,631 children the results of which were much at variance with prevalent opinion as to the incidence of syphilis among mental defectives.

Dr. Dayton found only 57 positive cases in his entire group; seven of these were moron types with acquired syphilis and 28 with congenital syphilis.

Eleanor Wembridge of Cleveland, Ohio, in an examination of a series of 25 girls chosen at random, with an average of eighteen years, found six cases of acquired syphilis, all morons. All were lazy, underfed, and blind, and all were eventually committed to feeble-minded institutions.

At a recent meeting in Brussels in 1926, French syphilographers discussed congenital syphilis and endocrine disfunction of young girls, finding protein form disturbances, dejection, lassitude, and instability. The patients were congenital syphilitics of the first generation, with father or mother or both infected.

Dr. Kilgour has himself examined a series of about 110 cases of mental defectives, in the Chicago State Hospital and found a history of syphilis in 17 cases, of which 4 were of the moron type with acquired syphilis, and 13 were congenital, with a history of one or both parents afflicted with syphilis; probably more could have been proven, but the histories were incomplete as to parentage or the parents were evasive and refused to disclose their own conditions when questioned.

Delinquency in Relation to Health.—In an address before the North Carolina Conference for Social Service, Raleigh, N. C., Dr. Thomas D. Wood discussed "Health and Delinquency." A complete report of this speech appears in the *Health Bulletin*, April, 1927.

Dr. Wood points out that in glancing over the reports of the probation officers it is noted that parents are likely to attribute the failings of their children to some previous accident or illness, which shows that even the lay mind is looking for a physical cause of mental misconduct. Occasionally the investigator finds that the removal of some physical defect leads to some improvement, but that its removal will

not effect a cure. Dr. Wood believes this fact significant and says that if he stopped to generalize he might say that there is never a single cause of delinquency.

Physical conditions concerned at all with the causation of delinquent tendencies, Dr. Wood divides into those which cause weakness and those which cause irritation. Localized ailments and defects may so react upon the whole organism as to create a condition favorable to delinquency. These bodily states do not directly cause delinquency, but may so undermine the health that they seriously interfere with the development of good character. The youngster of good physique and sound constitution seldom reappears before the court in after years, while the most confirmed offenders are infirm. It has been observed that physical defects are about 25 per cent more frequent in delinquents than in non-delinquents.

Poor health, in general, means poor control. When health deserts us, says Dr. Wood, our courage is lessened, laziness increases. The problem of the delicate child might here be cited. Pampered and delicate, he forms bad habits. The habits of vigor and self-denial are not formed, and the child is prone to fall back upon subterfuge to gain his own ends.

Dr. Helen Montague of the Children's Court in New York makes the following statements: (1) The physical condition of the delinquent group is inferior to that of the normal public school child. (2) The delinquent group suffers mainly from nutritional and glandular defect. (3) The physical condition of the child is a strong contribution to delinquency. (4) Successful treatment of delinquency must include the elimination of physical defects.

Certain diseases, Dr. Wood asserts, are thought to be connected specifically with tendency to crime; these are such as epilepsy, chorea, and encephalitis. Healy makes the statement that study made by him shows that 7 per cent in one thousand delinquent children were epileptics.

Visual defects are much higher among delinquents. Defects of hearing are not of so much importance as formerly thought. Healy believes that occluded nostrils, adenoids and enlarged throats may readily be sources of physical weakness and general malaise.

In conclusion Dr. Wood says that the prevention of delinquency as well as that of other problems in society, is bound up with this whole problem of child health and child health education. His other point

is that the program of health education, which is intended to promote health in the children in the homes, the schools and in industry, must recognize all the elements of health—physical, mental, emotional, social, and the character elements.

Health Requirements for Dependent Children.—Minimum health requirements for dependent children is the topic of a paper by Dr. H. W. Kleinschmidt, Supervisor Medical Service, National Tuberculosis Association. He states that in this country the army of children under foster care is about 500,000. The health supervision of the child deprived of parental care is of the greatest importance.

Heredity is one of the most important factors in the health of any child. This brings us to a realization that it is impossible for the foster guardian to guarantee the dependent child the identical health assets that only a good home and sound parentage can give.

The question of sex education of the dependent child is important. Is it too early before the age of six to lay foundations for a right understanding of sex, with all that it implies in terms of mental tranquillity and physical fitness, asks Dr. Kleinschmidt, by cultivating confidence and by truthful dealing? Some would say that only in a normal home may the proper atmosphere to achieve this be attained. This the social worker cannot always supply, but in the placement of children for example, her understanding of social hygiene principles will help her to discharge her sacred obligations to the child.

Certainly, minimum standards for dependent children would require individual protection against communicable diseases in so far as we are able to provide it. Vaccination against smallpox should be done during babyhood; diphtheria immunization and typhoid vaccination are important. Special measures should be taken, as for example, when the family physician is asked by the parents to make an ordinary physical examination, only when there is indication either in the history of the child's parents or in the physical findings of the child itself of the presence of venereal disease. The foundling, however, whose antecedents are unknown, whether he is to be reared in an institution or to be placed in a family, should certainly have the benefit of every test calculated to determine whether or not congenital syphilis may be present. In such examinations it is advisable to use not only the Wassermann and Kahn tests, but also the serological tests. Many a child has been stigmatized with a diagnosis of syphilis

on no other evidence than a positive Wassermann, or the disease has been overlooked because the Wassermann test was negative.

Vulvo-vaginitis is often seen among young girls and babies, particularly in self-supporting families, but it plagues particularly little girls in hospitals and other institutions, especially where carelessness and uncleanness permit the spread of the disease. For this reason girls who are to be placed in a home or institution should have a special vaginal examination.

What precisely the minimum standards of health requirements are for delinquent children is difficult to determine. It would be presumptuous, Dr. Kleinschmidt believes, for any one but a committee of physicians, health specialists and social workers after long and hard laboring to venture to answer. And in closing he says:

"Finally, I seriously question whether we should discuss health standards for children on a comparative basis. Theoretically whatever the maximum standard may be is none too good for the dependent child. In the words of John Dewey 'What the best and wisest parent wants for his own child, that must the community want for all children.' "

American Public Health Association Annual Meeting.—When will the peak of heart disease mortality be reached? What can we do about measles? How about the common cold? Has Prohibition promoted the public health? Are we giving attention to the nutrition of the industrial workers? Why is conservation of sight a public health problem? Is food poisoning a material factor in shortening the life span? How far have we gone and how far are we going in public health education? What is the place of the Government in public health administration?

These and many other pertinent questions pertaining to the health of the people will be discussed at the Fifty-Sixth Annual Meeting of the American Public Health Association at Cincinnati, Ohio, October 17-21, with headquarters at Hotel Gibson.

This year the Annual Meeting will open officially at noon on Monday and close Friday noon, which gives opportunity for one more session than in previous years. The Ohio Society of Sanitarians and the Ohio Health Commissioners will hold their annual meetings in conjunction with the A.P.H.A. in Cincinnati.

Each of the nine sections of the Association—Laboratory, Health Officers, Vital Statistics, Public Health Engineering, Industrial Hygiene, Food and Drugs, Child Hygiene, Public Health Education, and Public Health Nursing—will hold individual section meetings. In some instances two or more sections will combine for joint meetings. The topic for discussion at the Forum Session is "Has Prohibition Promoted the Public Health?" C.-E. A. Winslow, Director Department Public Hygiene, Yale University, presiding. One session will be given to the discussion of mental hygiene from the angle of the home, the school, and the industrial field. An analysis will be made by a special committee on the health programs in operation in normal schools and colleges and will be supplemented by constructive suggestions.

Dr. Herman N. Bundesen, health commissioner of Chicago, Dr. William H. Park, of the New York City Health Department Laboratories, Dr. Clarence E. Smith, of the U. S. Public Health Service, and C. W. Larson, of the U. S. Department of Agriculture, are among the specialists asked to give the most recent developments in the sanitary production and handling of milk.

Several luncheon and dinner meetings will be held by sections including Laboratory, Public Health Engineering, Industrial Hygiene, Food and Drugs, and Public Health Education. Besides a special session on venereal disease control, a round table luncheon conference has been scheduled.

Trips to points of interest in and around Cincinnati have been arranged by the local committee. An attractive program for the entertainment of the women guests and delegates at the Annual Meeting has been provided by the Cincinnati Committee.

Railroads will grant the usual reduced rates to members and Fellows of the Association going to Cincinnati for the meeting. Transportation certificates will be mailed to members of the American Public Health Association, September first. Application for reduced fare certificates and for information should be made to Homer N. Calver, Executive Secretary, American Public Health Association, 370 Seventh Avenue, New York City.

ASSOCIATION NOTES

Mr. Newell W. Edson, Associate Chairman of Committee on Social Hygiene, was chairman of the round table conferences on "Guiding Boy-Girl Relationships in Adolescence," May 26th at the Oakland Convention of the National Congress of Parents and Teachers, held May 21 to 28. The conference covered a period of two hours. The first hour was devoted to brief talks on "The Modern Adolescent Background," "Adolescent Characteristics," "Adolescent Emotions and Their Control," and "The More Pressing Boy-Girl Problems of Adolescence." The second hour was devoted to question-box and discussion.

* * * *

Several Staff members will take part in the Social Hygiene Institute of the Pennsylvania School of Social and Health Work, being held at Philadelphia, July 12, 13, 14, 19, 20, 21, 1927. Lectures on social hygiene will cover the history, development and present program of the social hygiene movement. The following topics will be discussed:

July 12th—The Social Hygiene Movement, its history and present program. Public Information in Social Hygiene. Mr. Ray H. Everett.

July 13th—Medical Measures in Social Hygiene. Walter M. Brunet, M.D.

July 15th—Legal Measures in Social Hygiene. Bascom Johnson.

July 19th—Educational Measures in Social Hygiene. Newell W. Edson.

July 21st—Protective Measures in Social Hygiene. Chloe Owings. Field observation trips will be arranged to follow the sessions of July 13, 15, 19, 20. The lecture of July 21st will be held at Sleighton Farms, Darlington, Pa.

* * * *

Dr. M. J. Exner will give a three credit course in Social Hygiene, daily, July 11 to 12, at the Vanderbilt Clinic. The course is one of the several courses in public health and preventive medicine offered by Columbia University at the De Lamar Institute of Public Health, College of Physicians and Surgeons. This course is open to physicians, sanitarians, nurses, teachers, social and other health

workers. It will embrace all of the important subjects which are concerned in a well rounded social hygiene program,—public health measures, sex-social education, laws and law enforcement, recreation and protective social measures. The lectures will be illustrated with motion pictures and slides where such material can be used to good advantage. There will be included in this course visits to courts and other institutions for the purpose of demonstrating procedures used in various municipalities.

* * * *

The Annual Regional Social Hygiene Conference will be held this year at Kansas City, Missouri, October 10 to 12, 1927, in coöperation with the Kansas City Social Hygiene Society and about thirty other health organizations. Among these organizations which have urged that the Conference be held at Kansas City are the Kansas City Council of Churches, the Council of Social Agencies, the Y.W.C.A. and the Y.M.C.A., the Health Conservation Council, the Missouri Federation of Women's Clubs, the Citizen's League and the Society for the Suppression of Commercialized Vice.

There will be authoritative speakers at this Conference, as well as round tables on technical questions, which will give teachers, social workers, public health officials and all others interested in social hygiene and public health work a chance to discuss their problems. Plans are being made for a comprehensive program that will provide practical aid on problems that confront educators, physicians, nurses, parent-teacher groups, religious leaders and all other persons dealing with home and community social hygiene problems. There will be exhibits both of special and general interest; it is probable that the medical exhibit which attracted so much attention at the American Medical Association meeting at Washington, D. C., in May, 1927, will be shown at the Kansas City Conference.

Overlapping the last day of the Social Hygiene Conference will be a Girls' Institute which is being arranged for by the Girls' Regional Conference Committee; this will give workers attending the meeting an opportunity to participate in each other's programs. The Missouri State Parent-Teachers' Association will hold its meeting at Springfield, Missouri, at about the same time, while the Missouri W.C.T.U. meets in southwestern Missouri on October 17. This will, no doubt, tend to bring these groups into contact with the Conference.

Kansas City is conveniently situated and it is expected that there

will be a large attendance, particularly from the west and southwest. It is hoped that special rates can be secured from the railroads for those attending this Conference. Anyone desiring more detailed information can secure it by writing to the American Social Hygiene Association.

* * * *

The Division of Medical Measures is coöperating with the New York City Health Department in an effort to secure from their clinical records some information as to the race distribution of venereal disease patients, the length of time of treatments, follow-up methods—their success or failure—and other pertinent facts relating to the diagnosis, treatment, prevention and control of venereal diseases as carried on by the City Health Department.

Mr. Samuel Auerbach has been assigned to work at the New York City Health Department Clinic as a special representative of the Commissioner of Health, examining the records and compiling data which will form the basis for conclusions to be drawn from the study.

* * * *

Dr. William F. Snow, Dr. Valeria H. Parker, Miss Chloe Owings, Mr. Ray H. Everett and Miss Jean B. Pinney attended the annual National Conference of Social Work at Des Moines, Iowa, May 11th to 18th. Dr. Snow as Chairman of the Health Division of the Conference arranged the program for that division. Mr. Everett presided at one of the group discussions of the Committee of Publicity Methods on May 12th. Miss Owings attended the annual meeting of the International Association of Policewomen which preceded the National Conference. From Des Moines she went to Scranton, Pennsylvania, to address the Social Service Division of the Council of Church Women.

The Conference offered opportunity for the staff members in Des Moines to confer with individuals from all parts of the country on all phases of social work and to compare notes on ways and means in social hygiene work.

* * * *

Mr. Franklin O. Nichols has been instrumental in securing the selection and appointment of a committee, on which each of the state normal schools of North Carolina is represented, to coöperate with the Association in an effort to evolve a program of sex education for integration in normal school curricula in that state. Each of these

schools will send an outline of the courses now being offered to the Association's Educational Division. The work will be reviewed and suggestions will be made for correlation. The suggestions will be returned to the committee members who will modify them to fit the respective individual needs and conditions of each normal school.

It is hoped that a sound plan of sex-character training in normal schools may be worked out which can be passed on for the benefit of other states which have similar problems to meet. A committee from the Miner Normal School at Washington, D. C., where some pioneer work is being done in studying the ways and means of making sound sex-character education a part of a general character education, is coöperating with the North Carolina normal schools in their efforts.

* * * *

Dr. Edith Hale Swift has been doing interesting work with the second generation Japanese under the auspices of the Japanese Students Christian Association of North America. She left New York for Los Angeles, California, April 27. From Los Angeles she went to San Francisco, lecturing in that city and in the vicinity. She attended the National Congress of Parents and Teachers Convention at Oakland, May 21 to 28. After the convention she went on with her work among the Japanese students in Northern California, and later in Seattle, Washington. She will attend the Educational Recreation Institute at Chicago, Illinois, June 13th, and from there will go to the Chicago Region Y.W.C.A. Health Education Conference at New Buffalo, Michigan, where she will speak and will confer with Y.W.C.A. health directors. On June 25th she will go to Saugatuck, Michigan, to speak before the Girl Reserve Conference.

* * * *

"What Social Hygiene Means to Community Betterment" is the title of an article by Mr. Ray H. Everett which appears in the April, 1927, issue of the *Hospital Social Service Magazine*. Mr. Everett defines social hygiene and outlines the history of the movement in this country, the progress made and hopes for the future. He points out what the present activities are, how in the work of sex education school, college and church can supplement the home, but that the home is the best starting place for sex education, and shows the value and meaning of social hygiene to community betterment.

At the request of Dr. W. R. Redden of the American Red Cross that the American Social Hygiene Association coöperate in relief work in the Flood Regions by sending lecturers to the American Red Cross Headquarters at New Orleans, Louisiana, Dr. Valeria H. Parker, Franklin Nichols, and Mrs. Margaret Wells Wood have left for New Orleans. This prompt response necessitated an immediate change in the programs of these three staff members.

A most interesting report from Dr. Valeria H. Parker points out the extreme need and opportunity for social hygiene work in this devastated region. She spent some time conferring at the flood relief headquarters with various public health officials and workers, in an effort to formulate plans which would direct the activities of the Association into the most helpful channels. Mr. Nichols plans to work with the many Negroes who have suffered as a result of the flood, and Mrs. Wood and Dr. Parker will be particularly interested in the educational and protective side of the relief work.

* * * *

The registration for the Institute at Chautauqua, New York, July 5 to August 12, 1927, has been very good. The place will be a sort of summer headquarters for the American Social Hygiene Association, a center of particular interest to teachers, religious leaders and social workers. They may meet there, not only in formal classes, but in small informal groups for discussion and exchange of ideas. The Institute Faculty includes the following: Mrs. Anna Garlin Spencer, Director; Dr. Valeria H. Parker, Professor Thomas W. Galloway, Dr. Edith Hale Swift, and Mr. Ray H. Everett. Programs of the courses to be given at the Institute may be obtained from the Association by those who are interested.

BRIEFER COMMENT

HYGIEIA, OR, DISEASE AND EVOLUTION. By Burton Peter Thom, M.D. New York. E. P. Dutton & Company. 1926. 107 p. \$1.00.

One of the volumes in the "Today and Tomorrow Series." A study of disease which tends to dispel the fear of it and to demonstrate its constructive contribution to the evolution of the race and gives a good history of the development of bacteriology.

INTERNATIONAL HEALTH YEAR-BOOK OF THE LEAGUE OF NATIONS, HEALTH ORGANIZATION. Geneva. 1926. 638 p.

This second annual volume of the Year-Book attempts to give detailed statistics on various phases of public health in countries throughout the world. It also contains reports of international organizations which play an important part in public health together with a special chapter on the progress achieved in 1925 in industrial hygiene. The volume is well indexed.

THE NORMAL CHILD AND HOW TO KEEP IT NORMAL IN MIND AND MORALS. By B. Sachs. New York. Paul B. Hoeber, Inc. 1926. 111 p. \$1.50.

Suggestions for parents, teachers and physicians on the training of children from infancy through adolescence.

THE MISSOURI CRIME SURVEY. Conducted by the Missouri Association for Criminal Justice. New York. The Macmillan Co. 1926. 587 p. \$6.00.

The first statewide of crime was undertaken to secure definite information as a preliminary to a revision of the criminal code in the state of Missouri.

The volume comprises a series of reports dealing with various phases of the administration of criminal justice in Missouri. Each report is prepared by an authority. There are many statistical tables and a full index.

SEX EDUCATION, A SYMPOSIUM FOR EDUCATORS ISSUED BY THE U.S.P.H.S. Washington. Government. 1927. 50 p.

A handbook containing discussions of tangible methods and records of achievement to help in school programs of sex instruction. Chapters deal with sex education in the high school, the preparation of teachers to use sex for character education, progress in sex education, sex education as a factor in mental hygiene, the role of the home and the school in sex education, the part of civic organizations in developing sex education in schools and the progress of sex education programs in foreign countries. There is a six page bibliography.

A SON OF THE BOWERY, THE LIFE OF AN EAST SIDE AMERICAN. By Charles Stelzle. New York. George H. Doran Co. 1926. 335 p. \$3.50.

The story of Charles Stelzle's life told in an interesting and vivid style. His work with labor unions, his temperance crusade among working men, the establishment of the Labor Temple.

The author's honesty, simplicity and fair mindedness are strikingly shown in the narrative.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

CHILDREN'S COURTS. By W. Clarke Hall. London: George Allen & Unwin, Ltd., 1926. 287 p.

FROM MAN TO MAN. By Olive Schreiner. New York: Harper Brothers, 1927. \$2.50.

THE MEDICAL DEPARTMENT OF THE ARMY. Its History, Activities and Organization. By James A. Tobey. Baltimore: The Johns Hopkins Press, 1927. 161 p. \$1.50.

PERSONAL HEALTH. By Emery R. Hayhurst. New York: McGraw-Hill Book Company, Inc., 1927. 271 p. \$3.00.

PRACTICAL METHODS IN THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES. For Medical Practitioners and Students. By David Lees. New York: William Wood and Company, 1927, 605 p. \$5.00.

PUBLIC WELFARE ADMINISTRATION IN THE UNITED STATES. Select Documents. By Sophonisba P. Breckinridge. Chicago: The University of Chicago Press, 1927. 786 p. \$4.50.

A MANUAL OF INDIVIDUAL MENTAL TESTS AND TESTING. By Augusta F. Bronner, William Healy, Gladys M. Lowe and Myra E. Shimberg. Boston: Little, Brown and Company. 287 p. \$3.50.

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THE RELATION OF VENEREAL DISEASES TO VISION DEFECTS *

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A great deal of blindness in the United States may justly be attributed directly to the reluctance to discuss publicly and truthfully the very close relation of venereal disease to blindness or seriously defective vision. Fear of offending the blind and the partially blind whose inherited handicap is in no way related to diseases which may involve moral turpitude has, for many years, caused health and social workers, and even a part of the medical profession, to lean over backward, at least in public, in any discussion linking blindness or impairment of vision with venereal diseases.

Classification of the causes of vision defects and blindness is not yet satisfactory in this country. Incomplete case histories in the many eye clinics of our great cities, both at the ambulatory clinic and in the hospitals, make evaluation of records difficult. Only a few of the causes of impaired

* Address delivered before the National Conference of Social Work, Des Moines, Iowa, May 18, 1927.

vision and blindness are reportable afflictions; hence, complete case records rarely come within the review of the health authorities. Statistical evaluation over a period of years will not be attempted.

Within recent years, however, the diagnoses established by ophthalmologists have been carefully set forth at the time of admission of pupils to schools for training the blind; in some instances, workshops and institutions for the blind have had ophthalmologists determine the cause of the disaster. Sore eyes in babies due to birth infections have been reported now for a long enough period in a few places to give us some measure of the incidence of such infections. By tabulating the statistics in schools for the blind, we have been able to note more exact statistical trends over a period of years.

The medical profession have always known something of the great disaster wrought by syphilitic invasion of the eye tissues. Syphilis, however, was not a reportable disease until about the time we entered the great World War, and is not even now reported anywhere with any great degree of accuracy. A cross-section view of the prevalence is hard to secure.

The two types of venereal disease, both of which are all too common in this country and both of which are responsible for a great deal of impairment of vision and considerable blindness, do have distinct trails readily recognizable by the social worker.

Gonorrhea, the venereal disease caused by a specific germ known as the gonococcus, is recognized as a transmissible infection causing great wreckage in the genito-urinary and birth canals and adjoining tissues. A hundred years ago, Gibson, of Manchester, England, pointed out that expectant mothers afflicted with this disease were likely to give birth to children whose eyes would shortly be invaded or lost from its ravages. It is rather interesting, too, to note that even a hundred years ago this wise clinician pointed out not only the necessity for cleansing and treatment of the birth canal

long before the expectant birth, but also necessity for removing all possible soilage of the eye tissues by copious cleansing and irrigation immediately after birth.

This wise preachment of Gibson fell largely on deaf ears until the advent of modern bacteriology and the application of Credé's observations in the Maternity Hospital of Leipsic, in 1881. The prophylactic treatment was begun by Credé and, with but slight modification, has continued to this day. It is responsible for averting many of the eye tragedies due to infections which would have occurred had this teaching not been generally adopted.

It is only fair to the teaching of Gibson, however, to say that the modern methods begun in 1881 are but an elaboration of the methods advocated a hundred years ago, but now based on a modern knowledge of germ life and growth.

To-day, we feel that the family teacher, be that person public health nurse, social worker or physician, is grossly remiss if the family is uninformed of the natural possibilities of germ invasion of the birth canal, of easy germ invasion of the eyes of the newborn and of their possible catastrophic results. Further, those who are not alert in practicing such preventive procedures as may spare the newborn baby the tragedy of blindness or seriously impaired vision are unfaithful to the guild to which they belong.

A little clarification of teaching on this point may not be amiss. For too long a time the public health and social workers and even physicians were altogether too much impressed with the idea that the eye tragedies of the newborn were all due to a social disease involving, in many instances, moral turpitude. About twenty-five years ago, a young ophthalmologist, Mark Stevenson, of Akron, Ohio, was wise enough to give us bacterial explanation of these eye infections. Establishment of these facts enabled teachers to proceed with no thought of offending public sentiment and enabled us to teach what would be a wise precaution following all births.

Dr. Stevenson pointed out that birth infections were due to

at least half a dozen different germs, and in the succeeding years we have learned to recognize these germs by skilfully applied laboratory technique. No worker in the social field with any kind of knowledge of birth procedures but will at once see that it is almost impossible for a baby to be born without having its eye tissues soiled with the colon bacillus.

Any person who knows the frequent occurrence of boils, pimples and various local irritations that are caused by the staphylococci will readily see that it is in no way disgraceful for these germs to be transmitted to the birth canal and for such eye infections to occur.

Those who appreciate that the septic conditions following childbirth are usually due to the streptococci and that they may have multiplied in the bruised tissues of the uterus or birth canal, having been carried there from a focus of infection in some distant area of the body or from the hands or implements of the examining accoucheur, will readily appreciate that streptococci will be found from time to time in the newborn babe's eyes.

Pneumococci, so constantly present in throat and lungs, may be transferred readily by the expectant mother's hands to the vaginal tissues and thence gain access to the baby's eyes during birth. The micrococcus catarrhalis sometimes found in babies' sore eyes may have been transferred to the birth canal by the same route.

Briefly, it is now rather generally accepted that approximately 60 per cent of the birth infections are due to the gonococcus, a germ associated with a common form of venereal disease, and that 40 per cent are due to the other infections, any of which may be disastrous to vision.

Social workers from such studies will see the justification for urging that every newborn baby should have its eyes cleansed and protected from any possibility of any sort of birth infection, and they will see that there is complete justification for teaching every mother to insist upon having

drops placed in the eyes of her baby. This is the small price of safety.

At the present time, thirty-two states supply to doctors and midwives, most of them free of cost, silver nitrate solution in the strength of 1 per cent, all compounded and dispensed in wax ampules convenient for use, and in packages suitable for carrying in obstetric bag outfits. There is no excuse, then, in the vast majority of our American families for not cleaning up immediately after birth any eye infection acquired as the baby passes through the birth canal.

We have records in large maternity hospitals with statistics covering many thousands of births, including many births where the mothers came from a walk of life with great exposure to the more virulent birth canal infection. Despite this factor, these hospitals assure us that no eye infection developed and no eye disaster occurred. The trail of this particular venereal disease due to the gonococcus, then, may be rendered less distinct and certainly less hazardous by bringing the expectant mother under competent medical supervision as soon as possible after conception and by use of the laboratory technique in studying the secretions of the birth canal so that if they are dangerously infected appropriate treatment may take place long before birth occurs, thus not only rendering the baby less liable to eye infection but also rendering the mother less liable to serious bacterial invasion of her pelvic tissues.

The second place where this trail may be rendered less hazardous is by the general application of drops of silver in the eyes of the baby as soon as possible after birth. It is not necessary to feature the need for immediate report of babies' sore eyes to the health authorities and immediate treatment of the inflamed eyes of any baby occurring within a fortnight after birth. This is the law and is the kind of procedure all social workers would urge in any event.

The other great venereal disease left a distinct trail readily picked up by social workers prior to the Christian era.

Biblical references are made to a disease that affects the second and third generation, undoubtedly referring to the hereditary evidences of syphilis. We have on every hand along this trail of syphilis hazards of the gravest moment to vision. It is safe to say that at least 15 per cent of all blindness in America is due to this single social disease. For every case of total blindness traceable to syphilis, social workers will meet a still greater number, certainly several times as many, with serious impairment of vision due to syphilis.

It is of some interest to the social worker to appreciate that when syphilis is transmitted to the newborn through the blood of the mother and it attacks the visual apparatus, it is very much more apt to affect the muscular and vascular coats of the eyeball than other parts of the eye, and it affects these coats early in life.

In this type of syphilis of the eye, the disease is apt to be sluggish and stubbornly recurring in character. The individual is likely to have his vision impaired a little more year by year through childhood and school life, with partial or complete invalidism due to his impairment of vision reaching its height during the earlier productive years and with partial blindness being the fate throughout the most useful period of life and until the end of life. Interstitial keratitis, in other words, inflammation of the cornea; iritis, inflammation of the muscular shutter; choroiditis, inflammation of the vascular coat of the eye; retinitis, inflammation of the nerve of sight; each recurring attack of these inflammations adds more impairment of vision. The pupil of the eye may be frozen; *i.e.*, completely caught in the inflammatory scar, and anchored as firmly as a stiff joint becomes anchored. It may be closed down to a small opening or it may be caught with considerable width of opening—fortunate for the individual if it be wide open! The ophthalmologist dilates the pupil as a part of treatment of iritis, to make the best of a bad condition.

In this variety of syphilis of the eye, which is a by-product of social disease of the preceding generation, we may deal

more hopefully now than formerly. With modern methods of attacking the virus of syphilis by appropriate medication injected into the blood vessels before birth of the child, much may be done to avert these eye catastrophes and, incidentally, also to avert all of the other manifestations of syphilis.

We have come to recognize the value and importance of routine Wassermann tests of the blood of the expectant mother to determine the possibility of syphilitic infection, and of asking the aid of social workers to urge efficient and intensive treatment until cured. We are assured by syphilographers, obstetricians and pediatricians that if treatment of the expectant mother be begun by the fourth month of gestation and if treatment be given properly, the child born of such a mother is almost certain to be free from any evidence of syphilis.

Much may be done by the medical-social worker, however, even for the child born without having had this treatment through the blood of its mother for months prior to birth. The hospital and ambulant clinics all over America ever have a long train of children and young adults entering and leaving, discontinuing treatment and resuming it again, month after month and year after year, most of them not continuing treatment long enough to be cured, the vast majority of them being doomed to be economically and visually handicapped for life—community deficits, and becoming heavier deficits from year to year. Much may be done to avert these vision tragedies by holding these children to strict and long continued treatment in infancy or when recognized in childhood by finding the first eye stigmata.

Every effort in the interest of a better social hygiene campaign, every effort looking toward the establishment of more complete social hygiene procedures, adequate support of social hygiene clinics, with well-equipped social field workers, is bound to show its reflex in the minimizing of hereditary syphilis that attacks the tissues of the eye.

I should like to add a word about the acquired form of

syphilis and particularly that acquired during adult life. Under modern conditions of living, many an individual becomes affected with syphilis without in any way bearing the stigma of immorality. Whether or not the disease be acquired in innocence is a secondary matter when we consider the disease from the standpoint of public health and physical salvage of the individual. Speaking particularly from the standpoint of conservation of vision of the afflicted, we cannot too strongly urge the routine Wassermann test of the blood of every individual who might in any way be suspected of having had the disease, and of persistent and efficient treatment until the individual is cured.

Unfortunately, the eye symptoms of syphilis acquired in adult life give warning long after the initial symptoms of syphilis have been manifested. Many an individual, having taken treatment for a little while and seeing no signs of skin disfigurement or external evidence that would prompt treatment, and not much out of health, neglects to follow the medical man's advice. The eye tissues, like the tissues of the spinal cord and central nervous system, catch the brunt of the infection and suffer most from the toxic accumulations, sometimes only becoming easily recognizable twenty and even thirty or more years after onset.

Too often an individual reached by the social worker or seeking medical advice comes forward with a shuffling gait and dragging toe, lost knee jerks, swaying station and failing vision. The ophthalmologist finds a hopelessly progressive atrophy of the optic nerve and blindness the inevitable result. If the patient had had adequate treatment fifteen or twenty years earlier, no such eye sequel would have resulted and the locomotor ataxia and other grave complication might have been avoided.

The message to the social worker who must devote much time to these social diseases, then, should be to teach early medical treatment of the birth canal where infection may be suspected, adequate treatment of the syphilis-infected mother,

drops in the eyes of every newborn baby, adequate treatment of every baby, child or adult infected with syphilis, with treatment continued until the physician is ready to assure the individual that a cure has been brought about.

If, as social workers, we are able in the next ten or fifteen years to make the public realize that these two venereal diseases which so often cause serious impairment of vision or blindness are preventable, that they are curable if recognized in the early stages, and that it is vastly more economical to practice prevention than cure—then we shall have performed our duty to mankind.

In closing, I should like to refer to the general topic before us, "The trail of social hygiene in social work," by pointing out that the deeper the trail of social workers becomes worn by their follow-up, by their education of the public, by their family welfare activities, the fainter will grow the trail of the venereal diseases with their concomitants: economic deficiency, physical handicaps, and social and spiritual misery.

SOCIAL HYGIENE PROBLEMS WHICH CONFRONT YOU, SOCIAL WORKERS *

ELWOOD STREET

Director, Community Fund and Council of St. Louis

Lack of understanding by social workers of social hygiene in general; lack of the training and experience necessary to handle adequately cases of sex maladjustments; and the need for special skill in handling questions of social hygiene in the fields of family welfare, child welfare and recreation, are among the social hygiene "problems which confront you, social workers," if the testimony of twenty-five leading social workers in various fields of activity is to be trusted.

When I was asked to speak on this subject, "Social Hygiene Problems Which Confront You, Social Workers," I was a bit perplexed. It seemed to me that if I were to speak of my own experience or knowledge I should have little of general significance to say; for, as a worker in the field of community organization I am interested in the general diffusion of knowledge regarding social hygiene, and as the director of a community fund I am interested in trying to raise enough money to finance the admirable four-fold program so economically and effectively carried out by the Missouri Social Hygiene Association. I was quite sure that these attitudes of mine would not be of any wide significance or service to a group like this. The social hygiene problems which confronted me as a community fund and community council executive were certainly quite different from those which confront most social workers in direct contact with human beings who are the personification of social hygiene problems. In order, therefore, to get a point of view which might be of value to

* An address given before the National Conference of Social Work, Des Moines, Iowa, May 18, 1927.

you who are assembled here I wrote to twenty-five leading social workers in the fields of family welfare, child welfare, delinquency, recreation, health and social hygiene, asking their opinions as to problems of social hygiene which came to them in their daily work. They have replied with fluency and vigor. Their statements of their social hygiene problems will, I hope, be of significance to you in solving the problems of social hygiene which confront you, too, fellow social workers.

The problem of social hygiene in relation to social work is perhaps first of all that social workers do not seem to understand social hygiene very well—if our authorities are to be trusted. The former general secretary of a large family society who now is teaching social work declares, “I should say social hygiene is very little understood by social workers, but that there is a real desire to understand.”

The executive of another large family society adds, “It seems to me that there is much more disposition on the part of social workers to face the problem of sex in themselves and in their clients than there was only a few years ago. We still need much more knowledge of the technical side as well as the psychological side.” Conversely a disillusioned physician says, “Most social workers will not face the problem of sex either in themselves or in their clients. Sex understanding must come first; then social hygiene.”

The executive of a children's agency asserts, “Social workers understand social hygiene in general only if they have had specialized training, which very few of them have. Such training is necessary for all people entering social work.” A social worker with wide experience in family case work, hospital social service and health work blames social hygiene for this situation, saying that social hygiene has not been interpreted very well for the social worker.

A district superintendent of a large family agency adds that social workers only fairly understand social hygiene because it is very difficult in schools and colleges to show enough examples and actual experiences in this field to the

student. Another physician who specializes in children declares, "Problems of sex are so intricately interwoven with the general welfare of the family and of the individual that a broad understanding of these questions will contribute very decidedly to development of social work. I cannot imagine that any kind of social work could be usefully done without some basic knowledge of the problems of social hygiene." A hospital social work executive stresses again the importance of the education of the social worker in matters pertaining to social hygiene, as an activity which must be carried on from year to year. She says, "As far as the individual is concerned, syphilis or gonorrhea is merely a physical manifestation of underlying social factors which must be sought within the individual or his environment." A hospital social worker with experience in a venereal disease clinic issues the warning that the social worker is very apt to go to the extreme and look for abnormal situations in regard to individuals and families and to seem to find them when none really exists. She feels that it probably will be difficult to get social workers with a normal attitude and a wholesome outlook on sex life; that not only social workers but all citizens need a broad educational program and an emphasis on normal healthy recreation and good physical habits as a means of social hygiene. A family society executive warns against too great stress on social hygiene, saying, "So far as the individual is concerned is it not generally recognized that mental hygiene covers all his behavior and that if a sound mental hygiene has been taught him it will include sex hygiene. Social hygiene seems to me the part which the community plays in enabling the individual to develop a wholesome sex life."

The importance of the psychological approach is stressed by a person of great experience in family case work who finds that the social worker trained in behavioristic psychology knows the situation fairly well. He suspects, however, that there is a good deal of superstition and misinformation in the

rank and file of social workers and that these attitudes influence the methods of such case workers in a queer manner. Another case work executive feels that social workers in general should have included in their training much more instruction on matters of sex, for they are constantly being brought face to face with problems which they are unable to cope with because of their lack of understanding. "In the field of venereal disease," he says, "case workers need to know much more about the transmission of the disease, the progress of the disease in the individual, and family hygiene where cases of venereal diseases are found. Social workers are, of course, handicapped frequently by inability to obtain diagnoses of venereal diseases and are put in the position of working blindly.

"Our own statistical cards last year showed that 263 out of 6,532 families were checked as presenting problems of venereal diseases. This is obviously far too low. Allowing for failure to check in cases where venereal diseases were actually known to exist, it seems clear that there is much undiscovered venereal infection in families known to our agency."

A word of cheer at the end of this gloomy statement of problems comes from a social hygiene worker of distinction. He optimistically says, "It seems to me that it is not important that the social worker have anything more than a general understanding of the social hygiene program as it now exists. It is of vital importance that the social worker understand the various procedures through which wholesome attitudes toward sex are built up and the means for combating the influence of unwholesome sex use and attitudes. Social hygiene as such, as it becomes more effective, will disappear into the elements from which it ought to have come but which were so slow in catching it that the present combination grew out of the need. The present effort will be to see that social hygiene is integrated into programs where it has always belonged." The problem of the social worker, we might say, is one of information and integration.

Important as are social hygiene problems in general they have specific application to the field of family social work. A distinguished executive states that social workers on his staff have helpfully aided families to adjust sex difficulties. He feels, however, that sex problems should not be approached indiscriminately and only with the previous advice, if possible, of a psychiatrist. Another executive advises that family case workers should handle matters of sex adjustment only when the case worker has had special training in both social and mental hygiene. He says, "The taboos surrounding discussion of sex matters are so strong that their violation is likely to be accompanied by bad effects unless the situation can be handled in a manner which impresses the client as thoroughly professional and pertinent. The ordinary person does not look upon sex difficulties as a matter amenable to adjustment, much less to conversation. It takes rare skill and the establishment of a sound confidential relationship to attempt such an adjustment. My own preference would be for the social worker to use a physician in such a situation." An active case worker adds, "The effectiveness of handling sex matters in family case work depends upon the case worker's facility with the subject and her confidential relationship with members of the family. It takes time and a personal gift to establish such confidence; it requires the wisdom of experience (not necessarily first hand) and theoretical training and presupposes a small enough case load so that the worker has time to appear leisurely and to wait for the sympathetic moment."

A former Red Cross Home Service executive believes that "if the social worker did not endeavor to adjust sex difficulties in making a plan for family welfare the plan would not get far. Since sex is one of the first impulses of life it is essential that the social worker have a knowledge of sex implications in order to understand the client's motives, desires, limitations and attitudes. On the other hand, nothing could be more disastrous than a social worker with little or no knowledge of psy-

chology attempting the adjustment of sex difficulties." A hospital social worker adds, "I feel that many times it is futile to attempt to plan for family welfare without attempting to study and adjust sex difficulties, in close coöperation with a physician who has examined and talked with both husband and wife. We must be guided by the physician as to whether there is any physiological basis for the sex difficulty and many times need the advice of a psychiatrist as well."

An experienced case worker insists that the social worker should see that the infected member of the family is sent to clinic or receives whatever medical service may be available. A social hygienist warns us that "many mental conflicts are rooted in sex troubles. The attitude of the client toward the worker may be unduly complicated by prying into a field that is even more highly charged with emotion than any other which the case worker attempts to deal with. To be alert to the possibility and to be familiar with the resources available for correcting these situations as well as to have sufficient information to form a background against which the subject may be normal in the worker's mind is probably as far as can be gone." A teacher of social work says, "I do not believe that the social worker at the present time is able to do very successful work in adjusting sex difficulties that exist in a family for which a plan of constructive service must be made. Few, if any, young women under twenty-five years of age are able to make practicable suggestions and plans in respect to the sex difficulties that they may find. It appears that social hygiene problems are contributing factors in at least 45 per cent of the number of cases which I recently studied." Quite evidently from the tone of our advisors, the field of family welfare presents a well-developed social hygiene problem.

The family welfare situation is further complicated by the presence of venereal diseases. One of our leading case work executives reports that in his agency out of 557 families studied statistically for the year 1926 venereal diseases appeared 25 times; or in $4\frac{1}{2}$ per cent of the families. One

of the largest charity organization societies in the country reports over a period of five years from 10 per cent to 13 per cent of venereal diseases among its families. A case worker states that family problems are complicated to an extraordinary degree by venereal diseases; with wages, child health, household management and discipline of children all involved. Another case worker testifies, "In my experience, I found venereal diseases one of the biggest problems to deal with and one of the hardest in which to make progress. It is exceedingly difficult to persuade a client that long-continued treatment is necessary to cure venereal diseases, especially syphilis. When some relief has been found after the first few treatments, the client is unwilling to return to the clinic because, to him, there is no obvious necessity. There is the same feeling of fear or superstition in regard to injections for venereal diseases as there is against vaccinations. Probably the most difficult thing to combat among the more intelligent clients is the fear that friends or relatives may know that they have the disease and will infer that they have been immoral. If it were possible to separate venereal diseases from any implications of immorality, it would be possible to persuade victims to take treatments much more easily; were they put on the same basis as any other physical ailment the problem would be much less difficult. It would seem to me that the most important consideration concerning venereal diseases is to build up an educational campaign which would put them on the same basis in the minds of the public as typhoid, diphtheria, etc." Certainly the problems of sex hygiene and venereal diseases are of tremendous importance in the family field.

In the field of child welfare social hygiene is equally important. All of our authorities are agreed that it is important that social workers understand that sex consciousness of a sort begins early and that fixations may be attained in tender years; they are not so sure that this knowledge leads social workers to deal with parent-child training in the infancy of

the child. A children's worker complains that it isn't always possible to persuade intelligent parents to coöperate in such training. A family executive says that the difficulty of case workers is in knowing how to make use of their knowledge of this situation. Another executive, however, states that social workers in his extraordinary city thoroughly realize this relationship and that there is a very close alignment between the social workers and the Parents' Council which has been organized for education in the field of parent-child relationship. A hospital social worker mentions the difficulty of doing much detail work along this line in view of the case load of the average case working agency. Another hospital social worker doubts whether any but specialized social workers dealing with the training of children have adequate enough knowledge and questions whether they are sufficiently equipped by training and practice to do much in training of parents except those workers who are in habit clinics. A girls' protective worker suggests that only a worker attached to a children's clinic would be listened to by the all-wise parent. A social hygienist thinks that the trouble here is with the ineffectiveness of older workers whose resource is in experience rather than in education; on the other hand, he thinks well of the possibility of social workers who have the advantages of training in biology and elementary psychology to be found in modern training schools of social work. A physician vents his feeling that while Freudian conceptions may be known to many social workers, their practical application in most instances remains in the hands of doctors and psychiatrists. Apparently the matter of sex consciousness in early years is a problem which faces social workers.

A more hopeful tone, however, is found in the question of how well social workers are equipped to give accurate information to mothers about how to answer questions children ask about themselves. One of our authorities thinks facility of this sort occurs in unexpected places; that its presence is accidental rather than part of good planning. Our social

hygiene friend opines that the answer is simple and that the rudiments of sex instruction are easily gained through reading a few good books upon the subject. An iconoclastic physician, however, thinks that social workers do poorly at informing perplexed mothers for they won't face the facts in themselves. Another physician declares that this knowledge involves a closer knowledge and a closer study of child psychology and biology of sex than belongs to the equipment of most social workers. A hospital social worker believes that social workers should discuss this subject with some physician who had given the matter serious thought for it is important that the information be given accurately as well as simply.

More reliance is put in books by a children's executive who says, "I think that social workers, due to the pamphlets got out by the hygiene and health societies are now well equipped to give accurate information to mothers about how to answer questions children ask about themselves." An experienced hospital social worker and case worker thinks books by scientists put into the hands of mothers would be the best contribution social workers could make to this cause. Perhaps these social workers think that this is less of a problem than some others because they can deal with it at second hand. Telling mother what to tell Willie is not so hard as telling Willie directly.

Going from the field of child welfare to character building we find social hygiene again a problem from the point of view of our consultants. They believe that to a very considerable extent character-building efforts are nullified by wrong sexual information and practice before the character-building agency has had an opportunity to serve the individual. A much experienced worker in the recreational field says that in a study of women and girls made by the Inter-Departmental Social Hygiene Board it was found that in a large number of sex cases the first experience was very early and the sex information was secured improperly. This point of view is confirmed by a social hygienist who declares that much of the work

of character-building agencies is applied to boys and girls after their attitudes toward sex have become distorted through experience and information. He is sure that "there will be a great change in the service of character-forming agencies within the next generation as they come more and more to realize that by far the greater part of our efforts to develop character come long after the most favorable opportunity to mould character is past. There will be a general awakening toward the necessity of making character-forming agencies, service available during the very tender years. Most of our work in this field consists of locking the stable after the horse has been stolen." A physician experienced in children's work declares that character is developed before the age of ten years and even earlier, with the attitude toward problems of sex in many cases developing long before the age of puberty. Apparently the character-building agencies will have to link themselves up with the day nurseries if they want to get a real chance in the problem of sex hygiene.

Just as the youngster's life is complicated by sex hygiene problems before the character-building agency gets hold of him, it is also complicated for these character-building agencies themselves, if we are to believe the testimony of our authorities. They agree that their work is made more intricate and the contacts of their workers more difficult when these youngsters come to their buildings full of present day misinformation regarding sex matters. One recreation worker thinks that character-building workers should look out for giving the impression of being old fashioned or "goody-goody." The executive of a Y.M.H.A. is quite voluble on the effect of changing social conditions and the after-effects of the World War. He declares, "The aping by youngsters of their parents and elders makes the work of recreational associations more difficult because of the supposedly superior knowledge that youth believes it possesses. Youth today is ignorant—even more so than it is sophisticated. Because

the youth possesses some knowledge of sex and social etiquette he should not therefore be called sophisticated.

"Recently a talk on social hygiene was given to boys of seventeen. At the conclusion of the talk the question was asked whether a similar presentation had ever been given to boys either at school, home or by some mature person. The great majority of the boys frankly admitted that they had never heard such truths of sex life as were presented to them at this time. These boys were above the average in school work. The character-building organizations like the 'Y,' through their cultural programs, can aid the youth in sound thinking. Boys and girls should be taught psychology, made familiar with the instincts that play such a vital part in life. Recreational centers must help the youngsters over the danger shoals of adolescence. The character-building agency must replace the ignorance of the boy or girl with wholesome ideals. Through its facilities it can take over many of the old home duties such as cooking, sewing, manual training, art, health and religious education. It is most important that the supervision of youth in a recreational center be performed by people of good morals, manners and character because the leader sets a standard for the boy and girl to follow."

The importance of wholesome intermingling of boys and girls on playgrounds under proper guidance of the recreational worker is suggested by a physician. A hospital social worker thinks that the recreation worker has a splendid opportunity in interesting children in wholesome recreation while the spirit of sportsmanlike rivalry created should do much to mitigate the effect of bad companions. Clearly, the character-building agency seems to offer one of the most effective approaches toward the problem of sex hygiene.

A few final benevolent suggestions were made by our various authorities when asked for general proposals. One advisor said, "We need a read follow-up of all cases under treatment which would be a far-reaching step in advance of where we are now. For example, if every case discharged from the

Convent of the Good Shepherd could be followed out into the community and visited persistently to keep up treatment as long as indicated; if the other members of such a household could be persuaded to have examinations, the gain would be of wide value." One former social executive who has turned teacher feels very strongly that the social implications of sex hygiene have been neglected, that many of the socially significant phenomena of sex are entirely ignored in the insistence upon the physical and psychological. Our pediatrician calls for closer coöperation between medical institutions and social agencies in problems of sex. A social case worker feels that the whole topic should be approached in a spirit of humility, of professional frankness and with a definite understanding that a case worker has always before him the melancholy fact that he is dealing with families who think of sexual matters in anything but a pure and decent and fine way.

Here then, my friends, are the answers of our mutual advisors to the question "Social Hygiene Problems Which Confront You, Social Worker." Social hygiene does present problems to the social worker in general and in the fields of character building, family and child welfare. Yet these are problems which can be met by better education of the social worker, by a lessening of the worker's case load, by closer co-operation between the social worker and specialist in the field of social hygiene and by general public education on social hygiene. The problems are real, but they are solvable by intelligence and patient application of energy and skill.

PREVENTION VERSUS SALVAGE *

CHLOE OWINGS

American Social Hygiene Association

"The social hygiene movement," says Dr. Edward L. Keyes, scientist and educator, "is an epic of standardization, uniting medicine and law with morals to establish a foundation upon which the future will found, for all time, the health and idealism of its youth, the strength of its maturity, the protection of its family life."¹

Social hygiene seeks to strengthen and preserve the family as the basic social unit. Its desires to sponsor and encourage the things which strengthen the family and to combat those things which weaken it. One of the dominant factors in family life is sex; therefore social hygiene is concerned that it shall be so developed and adapted that the individual shall attain the deepest personal happiness which is compatible with his social obligations. Because social hygiene deals with matters which affect so directly our whole social organism as well as the intimate life of our people, it is one of the most important phases of our public health program.

Historically, efforts in the social hygiene field have followed substantially the chronological order indicated by Dr. Keyes, namely, medicine, law, morals. Medical measures have often served as the channel through which social hygiene has been developed because a health program brings together the varied interests in the community. Medical measures have consisted of the discovery, treatment and control of infected individuals and educational campaigns directed toward the prevention of new infections and the early treatment of infected organs.

* Address delivered before the National Conference of Social Work, Des Moines, Iowa, May 18, 1927.

¹ Venereal Diseases, W. F. Snow, M.D., Funk and Wagnalls Company, New York and London, 1924. Introduction by Edward L. Keyes, M.D.

This machinery has included laboratories, clinics, hospitals, laws dealing with the reporting and treatment of infectious diseases, medical social workers, intelligent and continuous publicity, and of greatest single importance, the practicing physician.²

It is difficult to obtain with any degree of accuracy the prevalence of venereal diseases. In the State of New York, for instance, in 1924 in the list of reported communicable diseases they ranked second only to measles.³ It is estimated that at least 10 per cent of our total population is infected with venereal diseases.⁴ During the world war in 1918 when the influenza epidemic was at its peak, it was the only cause of sick report which ranked above venereal diseases.⁵

We know a great deal about the burden of human misery entailed by these diseases—sterility,⁶ premature births, blindness, insanity, imbecility, locomotor ataxia, general paralysis and many other physical incapacities. The New York Charity Organization Society reports that during the last fiscal year 8.9 per cent of its case load was directly traceable to venereal infection as compared with 8.3 per cent of tuberculosis. As long ago as 1921 the annual loss in earnings due to venereal diseases in otherwise able-bodied men in industry in this country was said to be \$54,000,000 and the loss in earnings

² For a current ideal venereal disease program in municipal health, see *Municipal Health Department Practice for the year 1923*. *Public Health Bulletin* No. 164 (p. 209), Treasury Department, United States Public Health Service, Washington, D. C., 1926.

³ *The Social Worker's Approach to the Problem of Venereal Diseases*, By the Committee on Venereal Diseases, The New York Charity Organization Society, 105 East 22nd Street, New York City (1925).

⁴ *A Program for the Statistics of the Venereal Diseases*, Dublin, L. I. and Clark, M. A. *JOURNAL OF SOCIAL HYGIENE*, October 1921, p. 422.

⁵ *Social Hygiene Legislation Manual* (p. 38), The American Social Hygiene Association, 370 Seventh Avenue, New York City.

⁶ *Today's World Problem in Disease Prevention*, Stokes, John H., M.D. (p. 38). The United States Public Health Service—Treasury Department, Washington, D. C. Quoting Noeggerath: "80 to 90 per cent of pelvic inflammatory disease and 50 per cent of absolute and one-child sterility in women is due to gonorrhea."

together with the custodial care of those whose insanity was due to syphilis was estimated as \$467,000,000.⁷

Medical Science has discovered the causes of venereal diseases and how to control them but medicine alone has been unable to combat them effectively for much of the work required is not medical in character. The application of these measures must have the support of informed public opinion. For instance from the strictly medical approach studies of former conditions showed that from 75 to 95 per cent of commercial prostitutes in certain segregated districts were venereally diseased.⁸

The control and suppression of regulated prostitution, however, has not proved to be a matter of medical procedure, and thus medicine has united with law and morals. Until a comparatively recent time, and this is true in many places today, public opinion has accepted the doctrine of the sexual necessity for men and therefore prostitution as a "necessary evil," with the resulting double standard of sex morals. Fortunately for future progress and in justice to both sexes these doctrines have been exploded in as authoritative a manner as possible. Eminent scientists and medical men in three separate conferences—in the meeting of the General Medical Board of the Council of National Defense, May 7, 1917, at the American Medical Association meeting in 1917, and the All-America Conference on Venereal Diseases held in Washington in December, 1920, have declared sexual continence compatible with health, and further, that it is the best prevention of venereal diseases.⁹

⁷ *Today's World Problem in Disease Prevention*, Stokes, John H., M.D. (p. 116). The United States Public Health Service, Washington, D. C.

⁸ *Sex and Social Health*, Galloway, T. W. (p. 321) and *Today's World Problems in Disease Prevention*. Stokes, John H. (p. 38). The U. S. Public Health Service.

⁹ *Social Hygiene Legislative Manual* (p. 17). The American Social Hygiene Association, 370 Seventh Avenue, New York. *All-American Conference on Venereal Diseases. December 6-11, Washington, D. C. Reprint from the Public Health Reports, Vol. 36, No. 28, July 15, 1921. Pp. 1591-1635.* "This Conference was, therefore, called under the joint auspices of the United States

But if medical science should provide us today with simple infallible methods for the recognition of infection, for rapid and accurate diagnosis and cure of venereal diseases, social hygiene would not relax its vigilance in commercialized prostitution. It constitutes a grave danger to family life and indulgence in it is evidence of lack of sound education and of self-direction. Commercialized prostitution must be wiped out not only to reduce infections but also to minimize temptation to our youth and to eliminate the traffic which draws its recruits from both sexes.

It is well known that if profits are taken out of prostitution it cannot endure. To keep profits large, the demand must be artificially stimulated and a constant supply of new women and girls provided. Persistent law enforcement does reduce profits and proper legislation for the repression of prostitution and its strict enforcement by police and the courts are essential.¹⁰ There is need also of understanding coöperation between public and private agencies organized for the prevention of sex delinquency and the social rehabilitation of the delinquent. The workers in these agencies should have a body of facts in biology, psychology and sociology, adequate to an understanding of the part which sex plays in life.

It is, we know, infinitely easier to go over the line into delinquency than to return. This is bitterly true of sex delinquency, due not alone to the barriers which society and social traditions place in the way, principally of the girl, but also to that difficult psychical, emotional and physical re-

Interdepartmental Social Hygiene Board, the United States Public Health Service, the American Social Hygiene Board, and the American Red Cross, with the coöperation of equivalent Federal and volunteer agencies in other countries of the Americas. Official recognition of the importance and timeliness of the conference was secured through the change of diplomatic notes between the respective governments of the participating countries regarding the organization and purposes of the conference."

¹⁰ For Standard Forms of Social Hygiene Laws see *Social Hygiene Legislative Manual* (p. 55). The American Social Hygiene Association, 370 Seventh Avenue, New York.

adjustment when such equilibrium has been lost in this particular kind of experience.

It is recognized that if boys and girls, notably during the adolescent period can be kept happily busy on interesting projects of work and of play, they will have little time or curiosity to wander far afield into sex delinquency.

An all year round community program of recreation and leisure time activities, includes not only play grounds in parks, and in school grounds, boy and girl scouts, campfire girls, and all similar boy and girl groups, civic and religious, under the direction of trained leaders, but these leaders must be keenly aware of the factors involved in sex-social relations.

The work of the visiting teacher, the school nurse, psychologist and psychiatrist, and of all workers in child welfare to be wholly effective must take into account this same factor of sex-social relationships.

Now that the home as a meeting and play place for children and young people is increasingly in competition with commercialized and other outside recreation, there is need of effective organized surveillance of community conditions which might tempt adolescents away from the security of the home and neighborhood environment. These include unregulated and unsupervised dance halls, road houses, moving picture houses and other types of unwholesome amusement places, unlighted and inadequately policed parks and benches, the activities of prostitutes and procurers, and the use of automobiles for purposes of prostitution.

In every community, large or small, there is an organized department of government which, in principle, is charged with the prevention of crimes and delinquency and whose program, theoretically, does include this surveillance, namely the Police Department.

While some men police officers have for years done preventive work in relation to men and boys their selection for police work has, in the main, been based on their ability "to protect life and property and to preserve public order." But

society is no longer satisfied to deal solely with offenders, and has placed added emphasis on the preventive functions of the police. Concurrently the number of girls and women in industry, in public affairs and in general community life and activities has increased rapidly. The entry of women into police work has been partially due to these two factors, together with a lessening of family and neighborhood solidarity, a situation which leaves children and adolescents with inadequate guidance by adults.

Women police officers are, with their brother officers, the only community agents equipped with police powers and at the same time charged specifically to search out those minors in need of supervision, and those social conditions conducive to sex delinquency. The women officers should have adequate training and experience and should be selected with great care as to their fitness for the task.¹¹

All of these measures—medical, legal and protective are primarily concerned with conditions in the environment. Keeping the environment clear of vicious influences is essential if a community desires to safeguard its family life. This, however, is not sufficient to secure the most constructive use of sex which is a dominant factor in family life. The sex instinct has no inherent moral quality. It is neither good nor bad in itself. However, it colors the whole of life for the individual and the nature of its contributions to life and society depends on the way he directs it as a result of his experience and training.

The problems with which social hygiene measures in medicine, law and the prevention of sex delinquency are concerned are chiefly results of its direction and mismanagement. It is therefore necessary for each individual to understand the whole meaning of sex in life—biologically, psychologically and sociologically—as a basis for formulating a personal philosophy to guide, control and use this native endowment for

¹¹ *Women Police*, Owings, Chloe: Frederick R. Hitchcock, New York, 1925.

normal self-development and social good, and to direct him in the selection of his mate, and to assure happy marital relations and successful parenthood.

Today, as never before, when the instincts and emotions of young and of older persons are being forced and stimulated, they are in need of understanding what these emotions and instincts mean. Boys and girls rarely understand the manifestations of the emotional life of each other and there lies a great menace. Tess of the D'Urbervilles says, "I didn't understand your meaning until it was too late"—and Alec Smith replies, "That is what every woman says. I thought by your smiling that you quite understood."

Social hygiene recognizes that this education in sex, from being a separate isolated feature, must rather take its appropriate place in general education. It is, moreover, a social waste and a gamble in individual happiness to leave education in correct sex information and sound sex attitudes to chance. The primary responsibility for it rests squarely upon the home. The birthright of every child is the guidance of its parents.

The responsibility for such education is doubly that of parents because it begins at birth. One cannot wait until adolescence. As well try to launch a sail boat in the path of a typhoon or to sail a kite in a Kansas whirlwind as to expect miraculously, overnight as it were, to develop a strong technique of choice in the matter of friends, clothing and conduct in the adolescent who has had no vocational training, so to speak, in such technique. And it is a technique. Further, the preparation is continuous and cannot be compressed into class room periods. Where homes are unable to meet their responsibilities their efforts should be supplemented by the schools, the churches, and other agencies which have to do with the education and guidance of young people.

Thus, out of the "epic of standardization" of which Dr. Keyes writes, there has evolved a social hygiene plan which considers that discovery, diagnosis and care of venereal dis-

eases, the repression of prostitution, and the rehabilitation of the sex delinquent are urgent parts of its program. They may often be salvage, and salvage at a tremendous individual and social cost. Further, social hygiene considers that all community efforts to safeguard adolescents, especially those whose general technique of choice is undeveloped and whose family life does not provide adequate protection, are vital in the prevention of sex delinquency.

But the main preventive task of social hygiene is to create in the individual a sense of calm, frank dignity of sex and a right emotional attitude toward it to assure him his education in sex as in other matters which are of vital importance to his individual happiness and to his social usefulness.

This, when done, will make for "health and idealism in our youth, strength in our maturity and protection of our family life."

EDITORIAL

MISLEADING MOTION PICTURE EXPLOITATION

Charlatan treatment of venereal diseases has been done away with to a great extent. This achievement is due mainly to the educational work done by state and city health agencies, the United States Public Health Service, the American Medical Association, and this Association. Many states have passed laws prohibiting the advertising of treatment or cure for syphilis and gonorrhea, and a steady distribution has been maintained of pamphlets and posters urging the infected individual to consult a reliable physician or, in straitened circumstances, a clinic. These efforts have been supplemented by the word-of-mouth admonitions of lecturers, the warnings of well-trained public health nurses, and the notes and articles carried to the public by way of health bulletins.

The present day charlatan, therefore, seeks out other methods by which to extract funds from the public, and one of the most lucrative seems to be the showing of so-called "social hygiene" motion pictures. The individual or company usually tries to take a name so similar to that of a reliable national agency as to mislead those who are not wary. Even state and city health officers, educational authorities, and others in responsible positions are often-times deceived by the unethical methods used by these promoters. The following typical instance may be cited. A professor from the school of public health in one of our large universities, who is also an adviser of the local health officer, visited Association headquarters to discuss matters of mutual interest. During the discussion he said, "I understand that one of your films is to be shown in our city next week." Not knowing of any such showing, the Association obtained the details. A man named ——— was promoting the project. The visiting professor was one of a committee before which an advance showing was

given and he as well as his fellow committee members were all under the impression that the American Social Hygiene Association was sponsoring the film in question. When asked if the promoter had made this claim he said, "not in so many words, but that was the impression he gave us."

The motion pictures used by these exploiters of social hygiene vary in quality. Some are better than their dishonest advertising would make them out to be; others are sensational and misleading. Almost without exception, however, the handbills, posters, and newspaper publicity are so prepared as to convey the impression that the film imparts information not otherwise obtainable—such, for instance, as advice on contraceptive devices or "inside information on the white slave traffic."

The American Social Hygiene Association is one of several representative national agencies which have been harassed by these promoters and by the unauthorized implications of sponsorship so often made. The Association has adhered to the policy of making its motion pictures available only to state and city health departments or to other agencies of integrity and standing under conditions approved by state and city departments. In its endeavors to do this it has been greatly aided by interested organizations and individuals who, noting or hearing of some dubious motion picture showing where authority of the Association has been claimed or inferred, have written or wired to national headquarters regarding the matter. This type of service is of real value to the whole social hygiene movement.

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
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Dr. Thomas W. Salmon.—In the death of Dr. Thomas W. Salmon, who was drowned when he fell from his yacht into the waters of Long Island Sound on August 13, the forces of social endeavor lose a keen-minded ally.

Dr. Salmon was medical director of the National Committee for Mental Hygiene, and professor at Columbia University. His research in the field of mental disease resulted in far-reaching reforms; his council was sought by many public and private organizations, and nearly every state in the Union profited through his expert knowledge.

Important among his achievements was the contribution he made to the conservation of man power and the maintenance of morale through the control of the problem of "shell shock" during the war. He was instrumental in establishing the policy, at the outset of the mobilization period, of eliminating the mentally and nervously unfit. Through the exclusion of nearly 80,000 such men an army was built up that was unique in its freedom from defectives, psychopathic and psychoneurotic individuals.

The following is an extract from the tribute paid to Dr. Salmon by Paul O. Komora, of the National Committee for Mental Hygiene in the *New York Times* for August 19:

"His eloquent championship of a class of unfortunate people, who in the nature of their afflictions could not speak for themselves, coupled with a convincing presentation of their problems and an able handling of the situation in each instance, moved hearts and stirred to action where mere sentiment or politics failed. Though not its founder, Dr. Salmon was the man who from the beginning gave the mental hygiene movement its sound professional direction and the momentum that carried it over into practical everyday life."

For years Dr. Salmon has been closely associated with the American Social Hygiene Association, and its efforts have been made more effective through his work. His death means a personal loss to the ranks of social workers which is felt keenly.

Congress Meets in London.—Delegates from thirty-one nations gathered at London in June for the Seventh International Congress for the Suppression of Traffic in Women and Children. Representatives of the American Social Hygiene Association were: James M. Hepbronn, Robert Hoffman, M.D., Mrs. Gertrude R. Luce, Mrs. W. McNab Miller, Mrs. Henry Moscovitz and Mrs. F. H. Whitin.

The group was faced with problems of great complexity, varying with age, custom and climate, and a set of resolutions laying down a definite plan for future work was adopted.

The resolutions as passed are as follows:

Resolution 1.

The Seventh International Congress for the Suppression of Traffic in Women and Children considers that the offence of "Traffic" exists even if the victims do not leave their country of origin or place of habitual residence. It expresses the view that the definition of "Traffic" should be as wide as possible and declares it desirable that those countries in which legislation has not yet been brought fully into line with Articles 1 and 2 of the Convention of 1910, and Article 3 of the Convention of 1921, should take steps to do so.

It also urges the removal of the age limit from Articles 1 and 2 of the 1910 Convention as amended by the Convention of 1921.

It further considers that the exploitation of all kinds of commercialised prostitution should be made a criminal offence.

Resolution 2.

A.—This Congress is of opinion that the supervision of Employment Agencies can only be satisfactorily carried out where there is registration combined with reasonable inspection and control. In countries where such supervision is not at present effective it recommends the National Committees to urge their respective governments to give the question careful consideration.

B.—It feels that supervision should be exercised over the conditions contained in contracts entered into by young persons and agrees with the necessity for further measures of protection for young artistes and entertainers travelling abroad, to which attention is drawn in the Report of the Committee of Experts.

C.—It is therefore in complete accord with the further recommendations of the Traffic in Women and Children Committee of the League of Nations:—

- (1) That an investigation should be undertaken by the League of Nations and the International Labour Organisation regarding the methods adopted for the protection of such young persons in the different countries, and

- (2) As to the suggested invitation to the Governments to supervise the conditions under which young persons under 18 years of age are allowed to go abroad with contracts of employment.

D.—The Congress considers that effective measures of supervision *within* the countries concerned will render the *international* measures of protection more effective. It recommends, therefore, that the delegates should urge their respective Governments to give careful consideration also to their *national* measures of Protection.

E.—It desires, however, to emphasise the necessity for the closest co-operation between the Professional Organisations, the Voluntary Protective Organisations, the Consulates and other Government Offices, in order to ensure the provision of the fullest information in all matters concerning the safety, well-being and health of such women and children.

It further desires to re-state the principle that the practical work of protection for women and children going abroad can only effectively be done where there is satisfactory supervision at railway stations, frontiers and ports by voluntary organisations.

F.—The Congress is of opinion that consideration should be given to the necessity for an International Convention which would provide for the care and repatriation of women and children stranded in foreign countries, on principles analogous to those already adopted by many countries for the care and repatriation of distressed seamen.

Resolution 3.

The Congress asks the National Committees to submit to the International Bureau reports on—

- (a) The general situation in their respective countries in respect of women who, having been victims of prostitution, return to a normal life.
- (b) What are the legal and moral difficulties met with by such women and by institutions which desire to help them.
- (c) What means can be adopted to surmount those difficulties.
- (d) What results have been obtained by the Voluntary Associations in their efforts to restore such women to a normal life.
- (e) What arrangements have been made by Voluntary Associations in each country with similar organisations in other countries to give assistance to any woman who may have been deported, expelled, or refused admission to any country.

The Congress expresses the view that the International Bureau should authorize its representative on the Advisory Committee on Traffic in Women and Children of the League of Nations to propose the conclusion of an International Convention to settle the question of repatriation, either voluntary or compulsory, of any prostitute, including the question of expense.

Such expense should comprise assistance before departure, during the journey, and upon arrival at destination.

The convention should be framed so as to contain a clause which would endeavor to prevent the return of a prostitute who had been repatriated.

Resolution 4.

The Congress draws the attention of the National Committees, and all Voluntary Organisations, to the resolutions passed at Graz in 1924 and by the Advisory Committee of the League of Nations in 1927, and urges them to take all possible steps to arouse the necessary public opinion to induce their Governments to ratify the Convention of 1923.

It further urges the National Committees to study the whole question closely, more particularly with regard to advertisements in newspapers, and to communicate the results of their investigations to the International Bureau before the end of the present year.

GRAZ RESOLUTION

"Obscene publications being considered a serious menace to morality, particularly of young people, and a direct incentive to the Traffic in Women and Children, this Congress urges the National Committees to take every possible step to see that their Governments sign, ratify and carry out the Convention of 1923.

"The Congress further asks that the National Committees should, through the Voluntary Organisations, create a public opinion in favour of the passing of legislation in connection with the Convention, and that propaganda work should be taken up to raise and strengthen the moral standard in these matters. Particular attention should be given, when drawing up legislation, that offences against minors should be considered as especially serious.

"The Congress agrees with the view of the Official Conference on Obscene Publications, that it is undesirable to define the word 'obscene,' and trusts that each country will take as high a standard as possible."

LEAGUE OF NATIONS RESOLUTION

"The Committee wishes to draw the attention of the Council to the International Convention for the Suppression of the Circulation of and Traffic in Obscene Publications, and to the fact that—

"(a) Of the forty-three States which have signed the Convention, twenty-two have not ratified their signatures and

"(b) Fourteen of the fifty-five States, Members of the League, have taken no steps towards becoming parties to the Convention.

"It recommends that the Council should invite the Governments of those States to present their ratification as soon as it is possible for them to do so, and to invite those States which are not parties to the Convention to become so."

Agreed Resolution 5.

In view of the resolution passed at Graz on September 19th, 1924, by the Sixth International Congress for the Suppression of Traffic in Women and Children, that regulation and the system of Bordels constitute the chief cause of the Traffic in Women and Children and are, wherever they may be found, an attack on the rights and dignity of mankind:

This Seventh International Congress commissions the International Bureau to ask each Government, in so far as it concerns that particular Government and, in

cases where more Governments than one are concerned, all those Governments in question simultaneously, as also the League of Nations, to take all possible measures with a view to the suppression of Bordels as speedily as possible wherever they may exist.

This applies to all countries, at all times, in all circumstances.

NOTE.—The final wording of the last sentence is not yet settled. The intention of the Committee which drew up this resolution was that the terms should be all comprehensive, permitting of no exception in any place. Doubts have been expressed as to whether the word "countries" fulfills this intention. The final accepted version will be published in due course.

Resolution 6.

The Seventh International Congress for the Suppression of the Traffic in Women and Children desires to place on record its conviction of the need for a more enlightened opinion among parents and teachers concerning the training of the youth of both sexes, in biological education and citizenship.

It recommends its members to urge upon the education authorities, parents' associations, and youth organisations of their own countries, the necessity of taking steps to create in the mind of the child, that sense of individual moral and social responsibility which alone can put an end to the traffic in women and children.

Resolution 7.

1. The Seventh International Congress requests the International Bureau—

- (1) To promote, in such a way as may seem most expedient, the organisation of committees in Dominions, Colonies and Mandated Territories, where such committees do not yet exist:
- (2) To request the advisory committee of the League of Nations to ask the League to use its influence to the end that the Convention of 1921 may be agreed to by the Governments and Dominions concerned, their Colonies and Mandated Territories:
- (3) To take similar action to the end that a central authority as mentioned in Article I of the Convention of 1904 may be appointed as soon as possible in such Dominions, Colonies and Mandated Territories.

2. The Seventh International Congress requests the advisory commission of the League of Nations on the Protection and Welfare of Children and Young Persons to promote an inquiry into the various systems of Child Adoption with a view to promoting an International Convention that will safeguard the interests of the children concerned.

New England Health Institute.—A section devoted to venereal diseases was a part of the program of the New England Health Institute held in Providence, Rhode Island, September 27-30. Dr. George Gilbert Smith of Boston, Massachusetts, had charge of this special section.

Among the papers scheduled for this part of the program was "What Social Hygiene Has Accomplished" by Ray H. Everett, and "Some Sex-Social Problems of To-day" by Newell W. Edson.

American Public Health Association Meeting.—The Fifty-sixth Annual Meeting of the American Public Health Association was held in Cincinnati, Ohio, October 17 to 21. Approximately 160 speakers appeared on the program, which included, in addition to the two general sessions, 22 meetings by the specialized sections, and a number of special sessions, luncheons, and dinner meetings.

A special session of the Conference was devoted to Venereal Disease Control, with Dr. Edward L. Keyes, President of the American Social Hygiene Association and Professor of Urology at Cornell University, presiding.

W. C. Blasingame, Director of the Bureau of Venereal Disease Control, of the Alabama State Department of Health; Dr. Albert Pfeiffer, Director of the Division of Social Hygiene, of the New York State Department of Health; and Dr. Hardie R. Hays, Director of the Bureau of Communicable Diseases, of the Mississippi State Department of Health, participated in the division of the program of this section devoted to "State Program of Social Hygiene Educational Measures."

An address on "Modern Clinic Practice" was given by Dr. A. J. Casselman, D.P.H., Consultant of the Bureau of Venereal Disease Control of the New Jersey State Department of Health. Discussion on the same subject was conducted by Dr. R. S. Dixon of Detroit, Michigan, and Dr. O. C. Wenger of the United States Public Health Service.

The third topic in this group, "To-day's World Problem in Disease Prevention," was presented by Dr. John H. Stokes, Professor of Syphilology and Dermatology, of the University of Pennsylvania Medical School.

Some of the other phases of health work to which special sessions or a series of sectional meetings were devoted are: mental hygiene, social hygiene, preventive medicine and epidemiology, milk, food and drugs, public health nursing, public health engineering, the laboratory, nutrition, chemotherapy, child hygiene, vital statistics, industrial hygiene and public health education.

Features of the program included demonstrations of methods of popular health education, followed by discussions of the application of these methods.

Charles E. Miner Resigns.—Mr. Charles E. Miner, executive secretary of the Missouri Social Hygiene Association, has resigned his position to become superintendent of the Committee of Fifteen of Chicago. Among the local and national social organizations in which Mr. Miner has been active, in addition to his work in the Association, are the St. Louis Council for Intergroup Understanding, National Committee on Publicity Methods in Social Work, American Association of Social Workers, St. Louis Park and Playground Association, St. Louis Community Council, and the St. Louis Conference for Social Welfare.

Illinois League.—The Illinois Social Hygiene League is now established permanently in its new building at 9 East Huron Street, Chicago, Illinois, with its clinic well fitted up, and an educational exhibit open for the public day and night. The League's educational program includes publicity in the local newspapers as well as special literature mailed out to interested individuals. The educational department, coöperating with the clinic, is doing effective work in aiding the control of venereal diseases in Chicago.

A special project which the Illinois League is working on at present is a program for sex education in the Ulich Orphan Home. They have outlined a plan which includes graduated sex instruction, some change in recreation, and a distinct effort on the part of attendants to gain confidence of the children through sympathy and understanding. The attendants are being given some definite instruction at the League headquarters, and are being supplied with still picture projectors and films as well as sets of posters. Arrangements have been made for venereal examination of the children, and adoption of a standard for admittance which requires that every new child coming in shall have a preliminary examination at the League clinic. Over one hundred children of from four to seventeen years are being cared for at this orphanage.

Parent Teacher Federation.—After a number of special sessions at the World Federation of Educational Associations, held at Toronto, Canada, in August, about 75 delegates from the American National Congress of Parents and Teachers voted unanimously to form a World Federation.

The organization was formed with the following objectives:

1. To serve as a clearing house for information.

2. To conduct a biennial conference in connection with the meetings of the World Federation of Educational Associations.

3. To publish an international news letter.

4. To encourage the formation of national groups in relation with home and school, in various countries.

Its object, as stated in the by-laws, is: To bring together for conference and coöperation all those agencies which concern themselves with the care and training of children in home, school and community.

Mrs. A. H. Reeves, of Philadelphia, Pennsylvania, was elected president of the World Federation of Parents and Teachers.

Health Bulletins Published.—In an effort to stimulate interest in health promotion throughout the United States, the Chamber of Commerce of the United States is publishing a series of Health Bulletins. These bulletins are being sponsored by the Insurance Department of the organization, and the American Public Health Association is assisting in the preparation of material.

Kansas City Society Elects.—The effective medical and educational work done by the Kansas City Social Hygiene Society was described by Mrs. Mary D. Ream, executive secretary, in the annual meeting of that organization, held in September. The Kansas City Society elected the following officers for the ensuing year: Walter J. Berkowitz, president; Dr. Mary J. Lower, vice-president; Mrs. E. A. Scholer, recording secretary; Bird H. McGarvey, treasurer; Mrs. Ralph P. Swofford, director-at-large. The committee chairmen chosen were: Frank P. Barker, legal; Dr. Charles C. Dennis, medical; George C. Tinker, recreational, and Mrs. Hans von Unwerth, educational.

Conference at Columbia.—A special session on social hygiene was included in the Missouri Conference for Social Welfare which was held at Columbia, Missouri, October 6, 7, and 8. The program for this session was planned by the Missouri Social Hygiene Association. An exhibit of social hygiene material was on display during the Conference.

Venereal Infection in Czechoslovakia.—Considerable reduction in the incidence of fresh venereal infections in the course of the last few years is shown in the reports of health administrators in Czechoslo-

vakia, according to a correspondent to the *Journal of the American Medical Association*. About 50 per cent reduction was reported in the incidence of syphilis for both sexes; 10 per cent in gonorrhea, and 70 per cent in chancre.

The first organized study and report on venereal diseases in this country was made in 1921. In February, 1926, the second survey, which has recently been completed, was launched.

Cincinnati Juvenile Protective League.—Seven definite goals are set in the proposed activities of the Juvenile Protective League of Cincinnati, Ohio, for the coming year. The plans, as outlined in the annual report of the Executive Secretary, Galen F. Achauer, include the following:

1. Analysis of juvenile delinquency in the community through a study and follow-up of the children who appear in the Juvenile Court; an investigation of the mental status of delinquent children; evolution of the methods and results of character education; and other activities directly related to these.

2. Study of the organizations and activities of the community affecting the lives of children for good or evil, through visits to dance halls, motion picture theatres, and other institutions.

3. Elimination, when possible, of the factors discovered as contributing to delinquency. Part of the effort of the League will be directed toward the development of social and civil consciousness on the part of small neighborhood groups.

4. Regulation of those forces inducing delinquency which cannot be prohibited, as well as establishing wholesome and attractive substitutes. Through such cooperating agencies as the Y.M.C.A., Rotary Club and Police Department, the League hopes to secure the proper leadership for establishing such activities.

5. Strengthening existing factors that make for normal childhood, through cooperation with the schools, Parent-Teacher Associations, clubs and similar organizations.

6. Supervision of probation in the Juvenile Court.

7. Correlation and coordination of the efforts of members of the League, as well as those of other agencies, to make these forces most effective and reduce overlapping.

Recreation Congress Meets in Memphis.—The fourteenth national Recreation Congress was held in Memphis, Tennessee, October 3-7 under the auspices of the Playground and Recreation Association of America. Addresses on methods of arousing public interest in parks and forests were features of the program.

Herbert May of New York, who is completing a study of recreation in France, Germany, England, Denmark, Czecho-Slovakia and Austria summarized his findings for the delegates. Among other important

topics for discussion were municipal golf, swimming pools, and play programs for small children. Demonstrations of games, dramatics, music and an exhibit of handicrafts, apparatus, materials and literature used in successful work in many cities were features of the Congress.

Joseph Lee of Boston, president of the Playground and Recreation Association of America, and John H. Finley, associate editor of the *New York Times*, presided.

Two Cooperative Alliance Staff Members on Leave.—Miss Katharine Hattendorf, Supervisor of Field Work, in the Department of Parental Education, and Miss Fern Chase, Director of the Research and Investigation Department of the Women's Coöperative Alliance, have been granted leaves of absence for one year. Miss Hattendorf has accepted a fellowship with Dr. Bird Baldwin of the Child Research Station, University of Iowa, and Miss Chase will be enrolled in the School of Social Service Administration, University of Chicago.

Many Visit Bondoeng Exposition.—Nearly two hundred thousand persons, many of them natives of the Dutch East Indies, visited the social hygiene exhibit at the Bondoeng Exposition held from June 25th to July 10th, according to a recent letter from Professor H. M. Neeb, who had charge of the health exhibits. Since the close of the Exposition the exhibit material has been arranged for display in a permanent museum.

Sex Education Pamphlets Published.—Two pamphlets on sex education, "Introduction of Sex Education into Public Schools," by Thomas M. Balliet, Ph.D., and "Sex Hygiene for Teachers and Parents," by Dr. Charles Edward Amory Winslow and Pauline Brooks Williamson are being published by the American Social Hygiene Association. The growing realization of the need for incorporating sex instruction into our public school curriculum makes these booklets most timely.

The Erie Association.—The Erie Social Hygiene Association, in its 1926 summary, reports 214 new cases of venereal diseases treated at the clinic during the year, and 3,272 visits paid to the clinic. The two social workers of the Association (Secretary and Assistant) have

assisted the State Nurses in the follow-up of clinic and quarantine cases, with other agencies coöperating. Particular efforts have been made to locate sources of infection, bring children of diseased parents into the clinic, and to give treatment as soon as possible to syphilitic pregnant women.

An important phase of the medical program developed by Miss Hazel Forde, Assistant, is the work in pre-natal clinics and in social service work with Hamot and St. Vincent's Hospitals. Practically all cases involving illegitimacy have been turned over to Erie Social Hygiene Association. An important activity advocated by Miss Forde is the follow-up of surgical cases involving gonorrheal infections, that further treatment might be given at the genito-urinary clinic.

The two workers in the field of protective measures had under their care 431 cases; of these 120 were referred for the first time. Among the new cases, were 65 delinquents, 17 unwed mothers, and 38 who required protection from moral contamination. Fifty-seven were under 21 years of age; the youngest, aged nine. The Association has been a clearing house for cases of this character. All resources the community affords have been tapped in an effort to restore unfortunate girls to normal living. Adequate facilities for the segregation of defectives constituting a menace have been lacking, according to this report.

Canadian Council Studies Problems of Parenthood.—In the hope of developing some definite and clearcut method of imparting accurate information on the problems of parenthood the Canadian Social Hygiene Council gave a group of six questions to outstanding Canadians interested in the problem of home training for coming generations. The list of these questions and some of the answers to them are being printed monthly in the Public Health Journal, official organ of the Canadian Public Health Association.

The following questions were included in the list:

1. Does the present-day parent compare favorably or unfavorably with the parent of past generations?
2. To what extent can parents be blamed for juvenile delinquency? And in what respects?
3. Can a parent, by controlling environment and companionship, mould the character of the child as desired?
4. Do you believe in the principle of parent education? If so, what should it include?

5. At what age do you think parent education should start? Should it be before or after marriage?

6. Do you think the inclusion of health as a major topic in a parent education scheme might do much to increase the physical well-being of the country?

The answers showed a wide range of attitudes on the question of present day parents. A number of thought-stimulating answers came in and the Canadian Social Hygiene Council hopes that the ideas that are expressed will be helpful in crystallizing the general attitude toward the whole question of parent education.

Parent Education Conference.—A One-Day Conference of "Parent Education" will be held in New York City at the Hotel Pennsylvania, Wednesday, November 2, 1927, under the auspices of the Child Study Association of America. Family and the Foundation of Character will be discussed at the morning session. Mrs. Sidonie M. Gruenberg will speak on "How Parents Establish Standards and Ideals"; Dr. Lawson G. Lowrey on "The Parent's Part in Sex-Social Guidance"; Dr. Porter Lee will discuss "Parents and the Use of Leisure." At the evening session, which will be devoted to discussions on Opportunities for Parents in Creative Citizenship, Dr. Frederick V. Robinson will have for his discussion, "How Parents Can Determine the Character of Public Education"; Dr. Ernest R. Groves, "How Social and Economic Limitations of the Existing Home Affect Its Function in the Community"; and Dr. Arthur H. Ruggles "The Parent's Contribution to the Child's Social Adjustment."

Cook County Roadhouses.—The dangerous freedom which the road house offers by being far away from home and the wholesome restriction of public opinion is brought out in a survey of existing conditions in Cook County, Illinois, published in the *Welfare Magazine* for July. The article is a report of an investigation made by the Juvenile Protective Association during the summer of 1926 and spring of 1927. One hundred and fifty-eight of the two hundred and seventy-one so-called road houses in the vicinity were visited. It was found that a number of houses were running without a license of any sort, and that some of those with licenses were violating the regulations under which they were established. A large number sell liquor openly, and police officers in uniform were found drinking in some of these.

Probably the greatest menace of the road house is that it attracts

large numbers of young people of high school age. In several of the houses investigated it was found that minors actually predominated among the patrons. A few of the houses harbored prostitutes.

Surveys to be made in South America.—A survey in urban and rural districts with respectively high and low infant death rates in Argentina, Brazil and Uruguay was planned at the Child Welfare Conference arranged by the League of Nations at Montevideo, South America. The result of these studies will be published and thoroughly criticized before the next conference.

Committee for the Prevention of Blindness.—The opening session of the Annual Conference of the National Committee for the Prevention of Blindness, held at Chicago, October 13th to 15th, was devoted to the relation of venereal diseases to vision impairment.

Topics which were considered at this session are: "Bacterial Invasion of the Birth Canal: Its Menace to the Newborn"; "The State's Function in Promoting Prophylaxis of the Newborn's Eyes"; "Syphilitic Eye Tragedies and Their Prevention"; and "Early Treatment in Relation to Eye Tragedies."

Virginia Bureau of Social Hygiene.—The efforts of the Virginia Bureau of Social Hygiene of Richmond, Virginia, have been largely focused on parent education during the past year. One feature of their program has been a series of lectures given to women's organizations and teacher groups. In order to fill the demand for educational material for mothers who could not attend the lecture courses, a series of six lessons is being worked out in the form of a correspondence course. Mrs. Fereba B. Croxton, director of education, of the Bureau, reports that unusual interest has been taken in their library, and that there is always a long list waiting for books.

Mrs. Croxton is making an effort to correlate sex education in the elementary and high schools of the state, where there is a general interest in social hygiene, and the schools have competent teachers to handle the material.

ASSOCIATION NOTES

An expression of appreciation of the work done by the American Social Hygiene Association through the efforts of Dr. Walter M. Brunet in the Klamath Falls Indian Reservation Survey came recently from the Bureau of Surveys of the Oregon Tuberculosis Association. This investigation was originally planned as simply a chest survey, and the addition of a venereal disease incidence study as a coöperative project between the American Social Hygiene Association and the United States Public Health Service, was at first regarded by the Oregon Tuberculosis Association as an experiment which might result in decreased attendance at the clinics.

In speaking of this part of the work Miss L. Grace Holmes, Director of the Bureau of Surveys of the Oregon Tuberculosis Association says: "It gives me very genuine satisfaction to record that when Dr. Brunet closed his work here he left us completely won over to an appreciation of the fitness and wholesomeness of pelvic work as a feature of any such survey. Dr. Brunet has rendered a real service, not only to the Klamath Indians and to the survey as such, but also to those of us who may in the future have the planning of other such pieces of work."

An article in the July-August issue of *Health First for Oregon*, published by their State Tuberculosis Association, gives an interesting detailed description of the survey.

* * * *

Two of the public health courses of the Normal School of the University of Michigan included special lectures on sex education this summer. Mr. Newell Edson, of the American Social Hygiene Association, went to Ann Arbor to give these lectures. Mr. Edson also conducted two courses at the Summer School of the New Jersey Council of Religious Education at Blairstown in July. A series of discussions on "The Christian Relation between Men and Women" was held for leaders of young people, and a course on "The Christian Family" given for young people.

* * * *

Miss Chloe Owings, a member of the American Social Hygiene Association staff since 1923, has resigned from her position as Director of the Division of Protective Measures to become Director of the

Social Hygiene Bureau and an Associate Professor at the University of Minnesota.

For three years the Women's Coöperative Alliance of Minneapolis, under the direction of Mrs. Robbins Gilman, through its department of Parental Education has specialized in developing technique, method and materials for a program of sex education for parents. This developed out of a previous six years' program of social hygiene.

In 1926-27 nine hundred and seventeen mothers of pre-school age children were in study groups. Miss Owings will study this material which has been assembled on the subject of parental education and will develop new plans in an effort to formulate methods suitable for general use.

A staff of six parent advisors of the Alliance will work with Miss Owings.

* * * *

Dr. Thomas W. Galloway gave an address before the World Federation of Education Associations Conference which was held at Toronto, Canada, August 7 to 10. This address was given in connection with the section of the Conference devoted to school health problems.

* * * *

Miss Jean Pinney spent the first two weeks of August "introducing" social hygiene to the interested group that attended the Vacation Institute for Southern Social Work Executives at Blue Ridge, North Carolina. An exhibit of literature was on display as a part of the social hygiene program. The Institute is conducted by the Association of Community Chests and Councils.

* * * *

Five members of the Association's staff formed the faculty of the Pennsylvania School of Social and Health Work, held at Philadelphia, July 12 to 21. Ray H. Everett, Dr. Walter M. Brunet, Bascom Johnson, Newell W. Edson and Miss Chloe Owings conducted discussions on various phases of social hygiene. In connection with the social hygiene course a field trip was made to Sleighton Farms, Darlington, Pennsylvania. An exhibit of educational material relating to social hygiene was on display during the course.

* * * *

Following the meeting of the National Congress of Parents and Teachers in Oakland, California, the following letter of appreciation came to the Association:

"At our National Convention in May at Oakland, California, our National President, Mrs. Reeve, took the floor, and gave a glowing tribute to the value of the American Social Hygiene Association, the Playground and Recreation Association of America, and the American Library Association; and then moved 'that the National Congress of Parents and Teachers express to these three associations warm thanks and deep appreciation for the coöperation and service they have rendered to the development of the National Congress program in their specialized lines.' This motion, you may be sure, was unanimously carried, for we all realize how fortunate we are to have all three of your splendid organizations allied with us."

ALICE F. KIERMAN,
Corresponding Secretary,
National Congress of Parents and Teachers.

* * * *

The results of a study to determine the familiarity of professors of the social sciences with the work carried on by national social agencies were published in the September issue of the *Graphic Survey*. In a list of 24 national social agencies the American Social Hygiene Association ranks second. Out of the 66 professors who returned questionnaires 36 were well informed about the Association, 7 knew nothing of it, and 18 wanted more information. The American Red Cross headed the list. The 66 questionnaires returned represented 32 colleges.

* * * *

An article describing the emergency program of the Association in the Mississippi flood area is being prepared by Dr. Valeria H. Parker, liaison officer between the American Social Hygiene Association and the American Red Cross, for publication in the October *Journal*. A number of the members of the Association staff were in the flood district doing emergency relief work during June and July.

* * * *

Dr. William F. Snow and Bascom Johnson will leave for Europe early in November to attend a meeting of the Special Body of Experts on the Traffic in Women and Children, which convenes at Geneva on November 15th. Doctor Snow is chairman of this committee.

AUTUMN REGIONAL CONFERENCE

The Autumn Regional Conference on Social Hygiene was held in Kansas City, Missouri, October 10, 11 and 12. The Kansas City Social Hygiene Society and the American Social Hygiene Association, coöperating with a number of local organizations, had planned a program which was most stimulating and worth while.

On the first day the emphasis was centered on Social Hygiene Education, on the second, Health, and the third, Legal and Protective Measures of Social Hygiene.

Much of the Conference time was devoted to group round tables for specialists in various phases of social hygiene work. These discussions were planned in order to provide an opportunity to get at the individual problems of social workers, physicians, nurses, educators, and other groups attending the Conference. Afternoon and evening sessions were occupied by addresses of general interest.

ANNUAL REGIONAL CONFERENCE ON SOCIAL HYGIENE
1927

Headquarters—Hotel President

Kansas City, Missouri

October 10–12, 1927

THE KANSAS CITY SOCIAL HYGIENE SOCIETY

coöperating with

THE AMERICAN SOCIAL HYGIENE ASSOCIATION

EDUCATIONAL DAY

MONDAY, OCTOBER 10

Opening Session, 10 A.M.

Kansas City's Contribution to Social Hygiene

Chairman.....Walter J. Berkowitz

President, Kansas City Social Hygiene Society

A Symposium on Community Work (three minute talks)

Mrs. Eleanor Coolidge Walton

President, Second District Missouri Federation of Woman's Clubs

Mrs. Mason C. Alderman

President of the Council of Clubs

Mrs. Robert E. McDonnell

President, The Kansas City Athenæum

Nat Spencer

Secretary, Society for Suppression of Commercialized Vice

Rev. James G. McGowan

Director, Catholic Welfare Bureau

Civic Committee, Woman's City Club:

Mrs. Ralph P. Swofford
Former Chairman, Hospital Committee
Mrs. Carl Parker
Chairman, Board Kansas City Maternity Center
Mrs. Charles N. Seidlitz
Chairman of Juvenile Court Committee
Mrs. A. Ross Hill
President, Kansas City League of Women Voters
Mrs. I. E. Shane

President, Council of Jewish Women

Mrs. Fannie L. Taylor

President, Kansas City Federation Woman's Christian Temperance Union

Miss Anna Neiderheiser

Superintendent, Kansas City National Training School

Mrs. E. H. Vincent

Representing Parent-Teacher Association

Miss Lucille Edgar

Girls' Advisor and Teacher of Personal Hygiene, Central Junior High School

V. P. Wetz

Associate Secretary, Y. M. C. A.

Miss Lucy Y. Riggs

Educational Director, Y. W. C. A.

Irwin E. Deer

General Secretary, Kansas City Council of Churches

Miss Sarah Rowe

Head Resident, Minute Circle Friendly House

Miss Rosamond Losh

Director, Children's Bureau

Luncheon Session, 12:15 P.M.

To Welcome National Officers, Speakers and Guests

Chairman.....Walter J. Berkowitz

President, Kansas City Social Hygiene Society

Welcome.....Hon. A. I. Beach

Mayor of Kansas City

Response.....Edward L. Keyes, M.D.

President, American Social Hygiene Association, New York City

Greetings.....L. A. Halbert

Executive Director, Kansas City Council of Social Agencies

Introduction of Guests.....William F. Snow, M.D.

General Director, American Social Hygiene Association

Afternoon Session, 3:30 P.M.

For Principals of the Kansas City Schools

Address.....Rev. Anna Garlin Spencer

Address.....Maurice A. Bigelow

Evening Session, 8:15 P.M.

- Chairman.....Edward L. Keyes, M.D.
 The Family—Yesterday, To-day and To-morrow.....Rev. Anna Garlin Spencer
 Special Lecturer, Teachers College, Columbia University, New York City
 The Son Is Father of the Man.....Eugene L. Swan, M.D.
 National Council Boy Scouts of America
 Social Hygiene and the Marriage Problem.....Maurice A. Bigelow
 Director, School of Practical Arts, Teachers College, Columbia University,
 New York City

HEALTH DAY

TUESDAY, OCTOBER 11TH

Morning Session, 10 A.M.

- Chairman.....Ray H. Everett
 What Objectives Should Be Stressed in the National Program for 1928?
 Introductory Remarks by the Chairman
 Discussion opened by.....Charles E. Miner, Mrs. Mary D. Ream

Luncheon Session, 12:15 P.M.

- Chairman.....Mrs. John Coleman Long
 Chairman, Hospital Committee Woman's City Club
 Introduction of Speakers.....Mrs. C. C. Dennie
 President, Woman's Auxiliary, Jackson County Medical Society
 A Physician's Part in Social Hygiene.....Martin F. Engman, M.D.
 Awakening the Community to Its Part in Social Hygiene
 Dr. Helen I. D. McGillicuddy
 Executive Secretary, Social Hygiene Committee, Massachusetts League
 of Women Voters

Afternoon Session, 3:30 P.M.

For Nurses

- Chairman.....Miss Anna Anderson
 President, Missouri State Association, Kansas City, Mo.
 Social Hygiene and the Visiting Nurse.....William F. Snow, M.D.
 General Director American Social Hygiene Association
 The Relation of Social Hygiene to the Prevention of Blindness
 B. Franklin Royer, M.D.
 Medical Director, National Committee for the Prevention of Blindness
 Discussion.....Miss Helen Farnsworth
 Instructor of Nursing and Hygiene, Junior College, Kansas City, Mo.

4:30 P.M.

For Social Workers

- Chairman.....W. W. Whitson
 Superintendent, K. C. Provident Association
 The Social Worker and Social Hygiene.....Charles E. Miner
 Superintendent, Committee of Fifteen, Chicago, Illinois

- Discussion.....Miss Chloe Owings
 Director of Social Hygiene Bureau and Associate Professor
 University of Minnesota
 Dinner Meeting, 6:30 P.M.
 Members of Jackson County Medical Society and Visiting Physicians
 Evening Session, 8:15 P.M.
 Medical Measures
 Joint Meeting of Jackson County Medical Society and American Social Hygiene
 Association
 President, Jackson County Medical Society
 Social Hygiene and Public Health.....O. C. Wenger, M.D.
 Director, Venereal Disease Clinic, Hot Springs, Arkansas
 United States Public Health Service
 Clinical Progress in the Treatment of Venereal Disease...Edward L. Keyes, M.D.
 Professor of Urology, Cornell University Medical School
 Discussion.....C. C. Dennie, M.D.
 Chairman, Medical Committee Kansas City Social Hygiene Society

LEGAL AND PROTECTIVE MEASURES

WEDNESDAY, OCTOBER 12TH

Morning Session, 10 A.M.

Informal Assembly of Delegates

- Chairman.....Ray H. Everett
 Director, Division of Public Information, American Social Hygiene Association

Luncheon Session, 12:15 P.M.

- Chairman.....Frank P. Barker
 Chairman, Committee on Legal Measures, Kansas City Social Hygiene Society
 Introduction of Speakers.....Howard McCutcheon
 President, Kansas City Law Enforcement Association
 Fighting Vice in Kansas City.....Nat Spencer
 Secretary, Society for Suppression of Commercialized Vice
 Municipal House Cleaning.....Bascom Johnson
 Director, Department of Legal Measures, American Social Hygiene Association
 Discussion.....Charles E. Miner
 Superintendent, Committee of Fifteen, Chicago, Illinois
 Discussion.....Erwin E. Deer
 General Secretary, Kansas City Council of Churches

Afternoon Session, 2:30 P.M.

- Presiding.....Mrs. Mason C. Alderman
 President, Council of Clubs
 Keeping Recreation Clean.....Miss Jessie F. Binford
 Director, Juvenile Protective Association, Chicago, Illinois
 Discussion.....Mrs. H. L. Morgan
 Corresponding Secretary, Council of Clubs

Opportunity for Preventive Work by Community Centers.....Miss Leah Taylor
Head Resident, Chicago Commons

Problems of High School Girls.....Mrs. Elizabeth Lingenfelter
High School Counselor

Evening Session, 8:15 P.M.

Chairman.....Edward L. Keyes, M.D.

President, American Social Hygiene Association

Conditions Surrounding the Young.....Miss Chloe Owings

Founder of the First Children's Court of Paris, France

How Psychiatry Contributes to the Solution of the Girls' Problems

G. Leonard Harrington, M.D.

Conducted the First Child Guidance Clinic in Kansas City, Mo.

Résumé of Report to League of Nations.....William F. Snow, M.D.

Chairman, Special Body of Experts on Traffic in Women and Children,

League of Nations

THE FORUM

To the Editor:

Knowing that any scientific presentation of a vital problem in the field of social hygiene is of interest to the JOURNAL OF SOCIAL HYGIENE, I would like to outline for your readers the answer Clarence G. Dittmer, professor of sociology, gives to the question of "Shall the Unfit Survive?" in an article in a recent issue of *New York*, a weekly magazine sponsored by New York University. He summarizes:

"Morons are not sensitive to social sanctions and are inherently lacking in the possession of normal inhibitions. The sex urge is particularly strong in them, or at least uncontrolled. Society will have to be safeguarded against individuals such as these, for normal individuals deserve such assistance as the state can give.

"In attempting to formulate a program for this safeguarding of society no attempt is made to mate for a specific type. The plan does not invade the sanctity of the home; it does not attempt to dictate the selection of mates. It merely attempts the isolation of the inherently unfit. It is a process of breeding the unfit out of society rather than that of selecting certain desirable traits and creating only from them. If we do this in the next century we shall have accomplished more than is at present in sight. The problem of *breeding out* is ours, that of *breeding up* may well be left to another generation.

"First, let the state study the quality of its members with as much care as it does horses on farms and commerce and industry. The

census operations of the government bid fair to increase in the future rather than to decrease. At present it records births and deaths, enumerates and classifies the population, notes occupation and physical condition, but stops short of that analysis and that information which is of vital importance to any eugenic, or even euthenic program.

"Secondly, there should be thorough and efficient physical and mental examination of every child.

"Thirdly, all persons of definite hereditary taint, whether it be feeble-mindedness, epilepsy, or physical deformity, should be registered. License to wed may quite properly be withheld from certain classes of inherent defectives, such, for instance, as the moron.

"Fourthly, there should be adequate provision for the care and supervision of the defective.

"Fifthly, sterilization in exceptional and undisputed cases for the present, and more widely practiced when we know more about heredity. Modern scientific sterilization does not incapacitate either physical or mental activity. Marriage is possible and the normal marriage relation but the fruits of the union will be sterile.

"But such a program would cost money! Yes, it might easily cost a billion, but what of the saving? Society spends this amount every year in charity for its ineffectives, to keep open the courts the major portion of whose work is caused by them, and in the losses to society through their economic inefficiency. We would not tolerate an out-of-date machine in a factory if its upkeep cost more and its product was less in amount and quality. That sort of waste we can understand. The perpetuation and even encouragement of inefficient human machines is a very similar matter but more difficult to grasp."

HAROLD DE WOLF FULLER,
Editor, *New York*.

To the Editor:

I have been noting with interest the large number of bills for medical certificates for marriage which fail each year in different states. Such proposals are evidently regarded as too radical. Their chief purpose, insofar as they relate to the venereal diseases, is to establish a legal routine by means of which any woman, without embarrassment, may have assurance that her intended husband is probably not diseased. Why could not that end be accomplished by a less radical law—one which, in place of a certificate of health,

requires merely that the result of the examination given to the male applicant be stated verbally to the woman he intends to marry? Such a law should, of course, carefully prescribe the examination procedure to be followed. If the female applicant is dissatisfied with the report she is in a position to cancel or postpone the proposed marriage. The statement signed by the male applicant protects the physician against any charge of violating the rule concerning privileged communications.

MEDICAL CERTIFICATE FOR MARRIAGE

Statement of the Prospective Husband

I have this day [date] requested Dr. [Name of examining physician] to give me a medical examination in accordance with Section ... of the Marriage Law. I understand that the results of such examination are to be communicated verbally, in accordance with the law, to [Name of the prospective wife], and I hereby give my consent to that procedure.

..... [Prospective husband]
 [Exact residence]

Statement of Prospective Wife

I have this day [date] been verbally informed by Dr. [Name of physician] concerning the results of his examination of [Name of prospective husband] made on [date], in accordance with Section ... of the Marriage Law.

..... [Prospective wife]
 [Exact residence]

Physician's Statement

I hereby certify that on [date] I made an examination of [Name of the prospective husband] following the procedure therefor laid down in Section ... of the Marriage Law; and I further certify that [Name of the prospective wife], reported by him to be the woman who he wishes to marry, personally appeared before me on [date], signed the preceding statement, and was informed by me as to the results of such examination.

..... [Physician]
 [Exact residence]

This proposal assumes that any law compelling examination for venereal diseases must be limited to males. In the present state of public opinion that necessity seems to be established.

A CORRESPONDENT.

BOOK REVIEWS

LOVE-LIFE IN NATURE; THE STORY OF THE EVOLUTION OF LOVE. By William Bölsche. Translated from the German by Cyril Brown. New York: Albert and Charles Boni, 1926. 2 v. O. 504; 726 p. \$10.

Why is poetry?

Two large volumes on the evolution of sex, of parenthood, of man, would no doubt attract readers who are interested in these subjects. To most people, however, they would appear formidable, even repellent. Dr. Bölsche has presented a whole library of varied information on every phase of reproduction among plants and animals in a form that is attractive and readable to the least scientific of readers. As he says in his preface, he has never hesitated as to the necessity of using the aesthetic form in dealing with the subject; and he has even deliberately "given the floor to humor when having to deal with subjects that the faint-hearted call 'extremely delicate'."

From the point of view of imparting information in a manner that the most squeamish must accept as dignified and high minded, nothing is left to be desired. It is conceivable that the essential parts of the content could have been adequately presented in a single volume without detracting from the importance of the undertaking. The translation is very good and quite in keeping with the spirit of the author.

From a scientific point of view the material is treated very largely in terms of the biology of a generation ago. The personification of various details such as the chromosomes in a cell, or the sperms in their adventures, no doubt help the non-scientific reader to see clearly the essential processes and activities with which the author seeks to make him familiar. This is inherent in the method which he has selected, and with the dwarfs and goblins may be accepted as part of the aesthetic method. The personification of nature, however, and of evolution itself as an agency which consciously experiments with organs and processes to achieve remote purposes, is hardly in keeping with the scientific aims of such a work. Perhaps the readers who need the help of the artist to introduce them to the basic facts of life as they have been established by two generations of biologists are not going to be concerned very much with the philosophical implications

of the poetry and would not in any case get even this much science except through the poetry.

Because of its specialized method, this book might be of value on library tables or in schools where the traditional proprieties do not permit more direct introduction to the subject matter. The high tone, the fine sentiment, combined with downright acceptance of the scientific knowledge, make this book a useful contribution to the reëducation of the late Victorians and their immediate descendants.

B. C. GRUENBERG, M.D.

A SYNOPSIS OF GYNAECOLOGY. By Arthur Gray. London: Edward Arnold and Company, 1925. viii and 352 p. \$3.75.

For the special group of students to which it is addressed, namely, those desiring an aid to rapid revision in "preparing for the qualifying and higher examinations," this compact little volume has been crammed with categorical statements. These are both clear and concise; the synoptic arrangement has been emphasized by a liberal use of capitals, italics and bold faced type. The author is a gynaecological surgeon who was at one time a gynaecological tutor to the Middlesex Hospital. The sixteen chapters bear the earmarks of painstaking preparation. The pathology of the conditions described has been given special attention. The details of operations, however, have been purposely omitted. The seven figures, all simple line drawings, are limited to the first chapter and illustrate facts of anatomy and development.

The book is not a textbook, either in intent or execution. And it makes no claim to originality. Neither its form nor substance will appeal to the general reader. As a means of jogging the memories of medical students and quiz masters, it has value and is likely to be widely used.

HARRY B. TORREY, M.D.

COMMUNITY HEALTH ORGANIZATION. By Ira V. Hiscock. New York: American Public Health Association. 122 p. \$2.

Health departments grew out of the attempt to combat epidemics, chiefly through sanitation. As new emergencies arose and medical knowledge increased, these primitive health departments expanded in much the same way that the pioneer's simple cabin grew, by the accretion of "leantos," into a rambling, unbalanced architectural

puzzle. Health departments have now reached the reorganization stage. It is time to discard the useless, salvage the good and balance the whole. What are the essentials of a modern health department, how should health work be organized, and what will it cost?

"Community Health Organization" answers concisely and practically, not in terms of an unattainable ideal of a single enthusiast but in the form of group judgment of our best health administrators; a judgment based on actual achievements. The first section describes the basic plan of community health organization, then follow respectively detailed plans for community health work in a large city, a small city, and a rural unit.

In the plans submitted venereal disease like tuberculosis is given emphasis by segregating it out of the general classification of communicable disease control. "An adequate program for the control of the venereal diseases should include educational measures, recreational measures, protective social measures, law enforcement measures and medical measures." The organized educational program recommended is based on the report of a survey of the American Social Hygiene Association of the facilities provided in Syracuse, N. Y.

The need for close coöperation between volunteer organizations and health departments is declared essential but it is made clear that health programs of volunteer agencies should be coördinated with that of the official body since the latter is directly responsible for the supervision of community health activities.

The book is an invaluable "blueprint" which no official health administrator can afford to be without. It should be studied by every non-official health executive if for no other reason than to help him orient his work with the whole. As a by-product, he will, in reading it, develop a sympathetic interest in, and understanding of, the modern health officer's aims and aspirations.

H. E. KLEINSCHMIDT, M.D.

SEX IN MAN AND ANIMALS. By John R. Baker. New York: Alfred A. Knopf, 1926. 175 p. \$3.70.

THE REPRODUCTION OF LIFE. By A. J. Cokkinis. New York: Wm. Wood and Company, 1926. 303 p. \$3.50.

These two books of English authorship represent an effort to prepare an account of the facts and underlying principles of sex and reproduction which will be at once scientifically acceptable and simple

enough to meet the needs of the general reader. The public is becoming increasingly aware that humanity has pretty well muddled its own sex problems, and is probably in for a good deal more of bungling before it finds solutions—individual and social—which will be worthy of the knowledge which we might bring to bear. The authors assume, and justly, that a first step toward solutions lies in such understanding of the facts as will enable adults to correct, and the young to avoid, the false conceptions that have so long invested these subjects. The authors quite well understand that an orgy of individualistic sex expression on the part of humans, such as is increasingly advocated by our self-proclaimed sophisticates the world over, is not indicated, by anything we know, as being the way out. The evolution of sex behavior, even in the animals below man, no more point in this direction than in the direction of the prudishness at the other extreme.

If these books were of equal merit, the student of the subject might welcome them as filling, in a very satisfactory fashion, an existing gap in our literature.

"Sex in Man and Animals" is practically a perfect execution of the author's purpose and is most charmingly introduced by Julian Huxley. It is scholarly, shows great insight for essentials, and is a model in the avoidance of the unnecessary details which destroy simplicity.

The scope of the book is sufficiently indicated by the chapter headings: The Biological Significance of Sexual Reproduction; Sex Characters; The Sex Chromosomes; Sex Hormones; Abnormalities of Sex; Hermaphroditism; Parthenogenesis; The Sex Ratio; The Artificial Control of Sex; and Sex Behavior. The inclusion of man in the title is not a mere gesture. At many points the parallels of structure, conditions of life, and behavior are made evident in such way as to furnish light on the evolution of human conditions. The only reasonable criticism of the book is the relatively small amount of space given to sexual behavior. A comparative statement of the parallels and divergencies of human and animal behavior would be a most valuable and suggestive contribution to our literature.

"The Reproduction of Life" is much more elementary in its nature and general in its scope, and will serve as an introduction to the preceding. It is less skillfully done. There is, however, so much of merit in it that one wishes the author had sought critical advice from both biologists and teachers.

To mention only one point as to method, the author seems to feel

that simplification consists in mentioning many topics briefly. The book would appear much more simple and intelligible to the non-scientific reader if fully one-half its topics were omitted altogether and the others treated with the fullness necessary to make them really clear.

Scientifically, the book is marred by the presence of a good many expressions, some of which are short of happy, some of doubtful accuracy, and others which run definitely counter to our surest data.

Structurally, the volume consists of five parts:

Part I. Life and the human body, comprises a rather unusual assortment of materials.

Part II. Growth, cell division, reproduction and sex, fertilization and heredity.

Part III. Reproduction in plants.

Part IV. Reproduction in animals, including some account of sex instincts.

Part V. Human reproduction and development.

Taken together these books agree in that they recognize the necessity of including a comparative study of reproduction and sex in an elementary course in biology; of discussing human sex and reproduction as a normal part of the subject; and in pointing all this toward actual preparation of young men and women to fulfill their personal and social functions effectively. All of this is definitely significant.

T. W. G.

MOTHER AND UNBORN CHILD. A Little Book of Information and Advice for the Prospective Mother. By Samuel Raynor Meaker. Baltimore: Williams and Wilkins Company, 1927. 209 p. \$2.50.

It is a relatively rare achievement for the scientist to write in an interesting fashion in simple words. Goethe says somewhere that the Germans beyond any other race possess the capacity for making scientific writing uninteresting to the people. The more welcome, therefore, is a book like this, clear, sane, direct, and full. As a critical reviewer one records the rare experience of running back through a volume which he has read in an almost vain hunt for question marks or zeros.

The book covers questions not only of pregnancy, conception and labor, but the everyday hygiene of pregnancy; preparation for the

baby's coming; a discussion of delivery and of the new-born baby; and includes the care of the lying-in mother and nursing. Its thesis is prevention and its story the success of antenatal care and skillful attendance during labor. "There is no sort of patient *to* whom the doctor will do less than the pregnant woman when everything is normal; there is none *for* whom he *can* do more if the need arises."

The anatomy is given briefly. The growth of the child within the uterus is sufficiently studied, but the main stress in pregnancy is laid upon practical considerations and possible complications. Statements calculated to cause alarm at such complications are skillfully avoided. Skill is also shown in meeting the queer notions, rife even among intelligent patients, concerning sex determination, diet as affecting the size of the child, maternal impressions and dangers from various physical acts during pregnancy. A serene, moderately active life is advocated and sexual intercourse allowed except where there is risk of miscarriage or in the final six weeks.

As to delivery in home or hospital, the latter is favored and the expense duly considered. "Nevertheless there is no reason why the majority of maternity cases cannot be conducted at home both safely and well." To this, the reviewer would add a clause "provided the accoucheur has had a good obstetrical training and puts it into practice." He would, moreover, like to see stress laid upon the importance of first children being delivered in hospital and thus determine the type of labor and properly handle the commonest dangers.

To the excellent exercises after delivery and their diagrams there might be added a description of the knee chest posture or the walking on all fours.

Altogether here is a book which is sound, modern, well balanced, up-to-date and authoritative, worthy of a blanket commendation.

R. L. DICKINSON, M.D.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

IMMORAL REVOLT. George M. Coffin, author and publisher.

BETTER THAN CURE. By D. M. Connan and H. W. Bush. London: Noel Douglas, 1927.

- LIFE AND THE STUDENT. By Charles Horton Cooley. New York: Alfred A. Knopf, Inc., 1927. 273 p.
- PSYCHOLOGY OF HUMAN SOCIETY, THE. By Charles A. Ellwood. New York: D. Appleton and Company, 1927. 495 p.
- RACIAL BASIS OF CIVILIZATION. By Frank H. Hankins. New York: Alfred A. Knopf, 1927. 384 p.
- PERSONAL HEALTH. Emery R. Hayhurst. New York: McGraw-Hill Company, Inc., 1927. 279 p.
- HOW I CAME TO BE. By A. T. Lamson. New York: Macmillan Company, 1926. 179 p.
- PERSONAL HYGIENE FOR WOMEN. By Clelia Doel Mosher. California: Stanford University Press, 1927. 97 p.
- AN APPROACH TO PUBLIC WELFARE AND SOCIAL WORK. By Howard W. Odum, Ph.D. Chapel Hill: The University of North Carolina Press, 1926. 178 p.
- REMINISCENCE. By A. M. Powell. New York: Coulton Press, 1927, 279 p.
- TRUTH ABOUT HEREDITY, THE. By William S. Sadler. Chicago: A. C. McClurg and Company, 1927. 512 p.
- THE HUMAN BODY IN PICTURES. By Jacob Sarnoff, M.D. New York: Physicians and Surgeons Book Company, 1927. 120 p.
- DELINQUENT BOY, THE. By John Slawson, Ph.D. Boston: The Gorham Press, 1927. 477 p.
- NORTH CAROLINA CHAIN GANG, THE. By Jesse F. Steiner and Roy Brown. Chapel Hill: The University of North Carolina Press, 1927. 191 p.
- AN INTRODUCTION TO SOCIOLOGY. By Wilson D. Wallis. New York: Alfred A. Knopf, 1927.
- MOTHER INDIA. By Katherine Mayo. New York: Harcourt Brace, 1927. 440 p.
- INNER WORLD OF CHILDHOOD, THE. By Frances G. Wickes. New York: D. Appleton and Company, 1927. 379 p.
- NEXT AGE OF MAN, THE. By Albert Edward Wiggam. Indianapolis: The Bobbs-Merrill Company, 1927. 418 p.
- GONOCOCCAL INFECTION IN THE MALE. By A. L. Wolbarst. St. Louis: C. V. Mosby Company, 1927. 237 p.
- AMERICA'S HUMAN WEALTH. By Edward A. Woods. New York: F. S. Crofts and Company, 1927. 193 p.
- HEALTH BEHAVIOR. By Thomas D. Wood, M.D. and Marion Olive Lerrigo. Bloomington: Public School Publishing Company, 1927. 150 p.

BRIEFER COMMENT

SEX HYGIENE, THE ANATOMY, PHYSIOLOGY AND HYGIENE OF THE SEX ORGANS. By Julia Kinberg-von Sneidern and Alma Sundquist. Trans. by Mary E. Collett. New York: Henry Holt & Co. 1926. 114 p. \$1.75.

The book is planned as supplementary reading for teachers and college students of physiology and hygiene. It treats largely of human reproduction. There are chapters on the venereal diseases and sexual abnormalities, many illustrations and an adequate index.

THE PSYCHOLOGY OF HUMAN SOCIETY, AN INTRODUCTION TO SOCIOLOGICAL THEORY.

By Charles A. Ellwood. New York: D. Appleton & Co. 1926. 495 p. \$3.00.

A summary of the scientifically established principles of sociology and social psychology which shows what sociology and psychology combined teach us about the development and behavior of social groups and the problems of social organization and civilization.

THE BAIL SYSTEM IN CHICAGO. By Arthur Sawton Beeley. Chicago: University of Chicago Press. 1927. 189 p.

The bail system and its administration in Chicago is treated under its legal and functional aspects and the problems involved in temporarily releasing defendants. The second part of the study deals with unsentenced jail prisoners in Chicago.

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SOCIAL HYGIENE AND THE MISSISSIPPI FLOOD DISASTER

The camps which the American Red Cross, in coöperation with official and other agencies, established along the Mississippi after the disaster of April, 1927, quickly rose to a population of 600,000 refugees, white and colored—whole families swept suddenly from rural homes, filled with a sense of loss and disaster, crowded together by thousands, excited, idle, waiting. Many of them spoke only French; many had difficulty in understanding even signs printed in English. They had lived in their isolated farm districts and did not know how to deal with the new environment of the levee camps. The Red Cross was truly looked to as "The Great Mother."

At first, of course, all organizations were so busy in moving people out of immediate flood danger and seeing to it that they were properly cared for in the matter of food, clothing, shelter, and medical attention that they did not have time to give much consideration to health educational work or the social aspects of the environment. As the first necessities were met, however, it became possible to consider the great opportunities afforded to reach these people in the matter of preventive medicine and health education, and to include certain phases of social hygiene. At this point the Red Cross invited the American Social Hygiene Association to coöperate.

The Association endeavored to meet the need by sending members of its own staff and personnel generously loaned for the work by other organizations, both official and voluntary.*

The following account is largely couched in the language of these field representatives. This method has been adopted to preserve the interest and vividness with which the social hygiene picture presented itself to them day by day.

* * * * *

Reports during the week indicate that the social hygiene work has been well received in the first camps visited. The situation in the camps—thousands of farm boys and girls, accustomed to a quiet country life, insufficiently warned or protected, flung suddenly into conditions which have for them all the thrill, excitement, and danger of a crowded city—strongly suggests that precautions should be taken immediately lest promiscuous sex relations should occur and a spread of venereal disease result. Scattered incidents reported from several camps increase the apprehension. All workers report the need of provision for recreation, and of women protective workers or policewomen to handle such problems as are certain to arise and to supervise conditions in the camp with reference to the social relationship of the young people. In one camp the doctor in charge of the hospital, himself a refugee, said, "I know the home life of these people. Your teaching of social hygiene will be most timely. These boys and girls are excited with new surroundings; the parents as well as the children need to be cautioned." The Commanding Officer of the guard also welcomed the social hygiene workers: "I am glad to have an old army officer address my men on responsibility to protect refugees from misconduct. We have

* Dr. Valeria H. Parker, Director of Field Extension, American Social Hygiene Association, who acted as Liaison Officer and made the preliminary survey upon which the field work was based; Dr. Albert J. Read, Lecturer and Diagnostician, New York State Board of Health; Dr. Sarah Brown (colored), Trustee of Howard University; Franklin O. Nichols (colored) and Margaret Wells Wood, Lecturers of the American Social Hygiene Association; Mary C. Gainey, Policewoman, Washington, D. C.; and Charles Tingle, American Playground and Recreation Association.

here a very fine lot of people, yet there are some girls very bold, and at one family tent the men go out and apparently propose to let the women entertain other men from camp and the town. We have repeatedly had to send men away from this tent."

* * * * *

This has been a difficult group. Mass psychology is undeveloped, and large assemblies difficult to secure. In some of the group morality is low. The local hospital doctor says common law unions, illegitimacy, and bigamy are common. This is confirmed in general terms by the leading local preacher. My informant, himself a refugee, is an intelligent man and respected physician but has lost his home which was in front of a crevasse and has been swept away in part and the remaining part is a total wreck.

Our effective work has been largely in the form of conferences with small groups, of which we each hold 15 to 20 a day. We have had, however, six large groups besides, and the outlook is that we shall surmount the difficulties and complete a fairly successful program. . . .

I have just reached the hotel (10:30 P.M.) after addressing the men and boys of the camp. I had no difficulty in making them understand a set of 50 slides on "Keeping Fit for Rehabilitation," and received the most respectful attention and keen interest. I shall use a set of "Science of Life" pictures with these men to-morrow.

Everywhere we have been told the people could not understand English, but have found that the majority can either follow simple talk or get the interpretation from some child or neighborly adult sitting near.

The local priest has given much time and council to us, and sat on the platform with me while I lectured to men and boys, first, however, giving the Red Cross and the speakers a wonderful introduction, in French, and then at suitable intervals making urgent appeals to the men and boys to heed the

instruction given by the film "The Science of Life" and by the speaker. The priest is very influential here and the three social hygiene speeches he made must have totaled twenty or thirty minutes and were well received. . . .

I was introduced to another clergyman, also a refugee from one of the most stricken cities I have seen since the post-war days in France. He was unstinted in his praise of what the Red Cross is doing in this way for the families and homes of these people, and assured me that he will carry on the social hygiene teaching for the people of his community during the rehabilitation. . . .

In each locality we have tried to get local people to identify themselves with the social hygiene activity so as to have some "legs for it to stand on."

* * * * *

The past week spent at this well organized camp of 18,000 refugees was a climax of increasingly interesting experiences in the flood area. Clear, frank, interested, in a few minutes the Commanding Officer presented to us a picture of the social situation and social need.* He clearly sees the need for social instruction and appreciates this great opportunity for reaching a group generally inaccessible. Perhaps 90 per cent of the adult group understand little or no English. Almost all of the children understand English, however, though in the teen-age groups were some girls who knew no English.

On every hand I found the women interested and desirous to train their children to the best of their ability. Having had all material possessions swept away by the flood, they

* Another report for the same week quotes this Officer: "Glad you people have arrived. We need you. I have 35 men now arrested for indecency and at work on the rock pile. I ran one man out of town at point of bayonet. Some of the offenders are refugees and some are town men who have been arrested for invading the restricted area. Two women from New Orleans got in as refugees and started business the second day after being assigned a tent. I gave them 24 hours to get out of town as I had no jail suitable for women. I will go with you to camp and see that your program gets precedence over all other activities for in my opinion it is most needed."

keenly realize that family unity and social well-being, that greatest possession, is still in their keeping.

In all groups I presented the general subject of health and sanitation in the first talk. I stressed points already made by the nurses and doctors but went further into the subject of varied diet and regularity in feeding babies and children, and emphasized the importance of conserving the health of mothers and potential mothers in their period of great strain. On the three succeeding days I talked over with the mothers the subjects of personal hygiene, social hygiene needs of children at various ages, and the results of social diseases.

Almost all groups were naïvely embarrassed in the first few minutes of the presentations, but they soon gained self-confidence and tanned and wrinkled faces emerged from behind gnarled and knotty hands or shapeless, faded refugee hats.

In every group of mothers there was always one who understood some French and English and who was willing to stand beside me and interpret the simple sentences I had said in English. Towards the end they begged me to talk in French only, for I often corrected the thought given by the interpreter or used French expressions in an original talk. However, I felt that it would be psychologically bad to lose the drive of a thought while I searched for a missing noun or subjunctive. In tent visiting, however, and before and after the meetings, I smiled and slaughtered the French language but effected desired social solidarity.

With the teen-age girls I opened the series of talks with the same approach through general health and sanitation. I then built upon their knowledge of nature in developing the story of sex in life, telling the story of the plant, fish, animal. I tried to offset the prevailing vulgar sex concept indicated in the general mind, and developed the idea of beauty and wonder of creation in all forms. I followed this talk by one on personal hygiene, boy-girl relationships, and social diseases. We frankly discussed types of dancing, loitering around men

(soldiers especially), and the end results of "pick-ups," first indiscretions, etc., using as a very telling illustration the first leaks in the levee that later resulted in the uncontrollable crevasse. The girls were delightfully frank, interested, and appreciative. They responded quickly to all questions with the simple frankness of young children. All knew the presence of illegitimacy in their own villages and all dreaded the social results entailed.

These teen-age girls have, on the whole, thoroughly enjoyed the thrill and excitement of the camp life, despite any hardships entailed. Having lived quiet, secluded lives in small farming or fishing villages, they found the excitement and stimulation of camp activity to their liking. When I talked of the changed conditions facing them upon their return to their homes, the greater isolation due to bridges and roads being washed away, Ford cars missing, money scarce, they sighed as one person, "We don't want to go home." There will be a real problem of adjustment to these changed and more isolated home conditions; and facing the let-down of social standards, we talked over ways and means of happily making this needed adjustment.

One leaves these camps appreciating keenly the fine native instincts and gracious bearing of these people of French descent, and deploring the lack of opportunity most of the adults have had to build upon these natural endowments. The one bright hope for the future, however, is the public school system, if only the education given the young can be not only informative, but can embody interpretation of the great life forces surrounding these people on every hand in the realm of nature and surging up for expression and understanding within themselves.

* * * * *

[Parts of the next extract will be clearer if it is known that it is from a report of one of the colored workers.]

My report is rather a rambling affair and of course not all inclusive. Rather difficult to reduce things to a numerical

basis of dates and poll of noses. But every day and all of every day until 9:30 P.M. has been the schedule save for rest and food between times.

The round-about trip by rail—stop-overs enroute—and by boat was to me impressive evidence of the flood damage to the town and vicinity. However, the contemplation of the ruin in the town itself with its waste of waters in outlying sections, and the plantations even now under water ten weeks after “the water came,” proves how feeble one’s imagination of the disaster can be, and they say this is nothing to the real condition two months or more ago.

Every tongue has a tale of tragedy or near-tragedy, and folks are mute with the prospect of having to reestablish homes after the complete destruction of a lifetime’s accumulation. I am thinking now of the so-called well-to-do home owners, teachers, business and professional people. There is no money-earning in sight, and everything must be replaced, and interest on mortgages, taxes, and insurance to pay. There is grim determination on nearly every face; worry is not often absent, but cheer and contentment and smiles and laughter are as rare as dry land on the flooded plantations. . . .

Here in the town they nearly precipitated a race riot on top of all the other calamities. The sanity of a few colored men with the coöperation of some leading white citizens saved the day and helped hold back the flood as well as the riot. It is an interesting story. I somehow wish and hope that better understanding and race relations can come out of this great disaster. This seems promising because there are some splendid sympathetic white men and women here and some trusted leaders amongst the colored groups. . . .

[Another of the social hygiene workers was there at the same time, a white woman.]

I was so happy to find her here. We seem to have come at the same time. She and I have found it a great advantage to be together and I am sure more has been accomplished as a

result. The "opportunistic program" has been the only thing possible and a proof of that was the conversion of an abandoned kitchen and improvised meeting-house into a factory for fly-traps. We will send you a photograph. I suppose you should have an explanation as to how it happened that your staff turned to manufacturing fly-traps.

The levee camp here sheltering from two to three thousand persons was an emergency camp from the first and so it has remained. For a stricken city to provide habitation and take care of its own refugees even in part made a heavy demand. So the tent life and its conveniences have fallen short in many respects. There has been a pest of flies and mosquitoes. Some practical health work was so imperative that I called on the Commanding Officer and offered assistance in directing the setting up of some hundreds of fly-traps which he informed me had arrived and were on the barge at the wharf ready for delivery. Everybody in authority coöperated in getting a force of men, women, boys, and girls to work putting the parts together, which was rather an intricate and toilsome task until some skill was acquired. We talked while they worked putting together the traps or while waiting for material to come.

Please do not think the social hygiene program has been neglected. So many unexpected opportunities have been utilized for giving talks of varying lengths on phases of family life, the care and education of children. Groups of women and girls come to us every night at the meeting house (Kitchen No. 6) where sometimes we take turns in talking or just one of us is present. With personal interviews and groups we have reached and are reaching many people who are capable of instruction and eager to get it. It has been beautifully impressive to observe the rapt interest of the faces as I have watched while ———— has talked with such simple, clear language—genuine sincerity and good will for these colored groups which they noted and valued.

We are beginning a community-sing program of evenings to

provide a little recreation and give the girls a chance for self-expression at the beginning of our nightly meetings.

* * * * *

An old aunty looked at the group of boys shooting craps and said, "We-all used to have singin'. I likes it. Ev'ybody likes it. Dem young folks ain't doin' no good."

* * * * *

The appearance of Dr. ——— and myself, representing both races, working on a joint program, has been of timely significance and has affected confidence in both groups. . . .

Dr. ——— and I called to-day on the County Superintendent of Schools. The summer institute for Negro teachers is scheduled to open next Monday and we believe it an excellent opportunity to present a social hygiene program there. Mr. ——— was coöperative, will speak to the Principal on Monday, and if you approve, Dr. ——— will give one or two talks there on Tuesday and Wednesday. . . . While it doesn't seem like camp work, these teachers will teach the children affected by the flood and the contact seems very valuable to me.

* * * * *

Varied are the uses of the old dining tent on the brown, firmly-packed, humpy levee. All during the previous week groups had laboriously bent over the low benches, endeavoring to fit together the parts of the fly-traps. While this work was going on, Dr. ——— or I gave short health talks and chatted personally with various ones. In the evening groups of women and young girls gathered here to sing and listen further to us. Always someone would lead off in the singing of a spiritual and the others, even to the littlest pickaninny, would join in the refrain. "When the sun goes down in blood," sang the clear, high-pitched voice of a tall, rangy woman, and the others joined in the refrain, "I want to be there." Then later someone else sang softly, "Swing low, sweet chariot," and one could feel the earnest, prayer-like

response, "Coming for to carry me home." With such an introduction one can speak simply and earnestly to these open-hearted colored people.

But on Sunday the old tent takes on a Sabbath air, and the people gather solemnly and sedately as to a church service. No church bell is rung. Quietly the tent fills with a motley group, dressed up in the very best of the cast-off clothes doled out to them by the Red Cross or Salvation Army. The pulpit is a block of wood covered with a square of white cloth, and Dr. ——— and I preach a gospel of health to an attentive audience and feel the responsibility of our sacred calling. The Mississippi flows on just below, a swift, menacing-looking brown current. Idlers peer in through the open, wire-covered walls.

* * * * *

A shipment of mosquito bars has arrived, and we have seized the opportunity as we did that offered by the fly-traps to combine fly-fighting with social hygiene and informal talks with work.

Dr. ——— takes part of them, journeys two or three miles up the levee to the outermost of the double line of dark brown army tents that stretch for five miles down the levee, and, aided by a sober-faced, dark-skinned little driver who wears a much soiled white skull cap, distributes the much sought after nets to the tents where there are babies and little children. "Ain't you givin' any to sick old folks, lady?" or "I'm a blind man, miss. Give me one"—such are the heart-stirring pleadings as the rattly Ford slowly works its way down the levee. The wisdom of Solomon is needed to guide one in these momentous decisions. Continually we reassure ourselves that an opportunist social hygiene program includes the doing of just such time-consuming, troublesome tasks, for thereby words have been made concrete in action and thus the whole subject of health has been brought vividly to the attention of every group, from administrator to recipient refugee. . . .

I was invited to speak at the weekly luncheon of the Kiwanis Club on Tuesday. Following a discussion as to proposed methods for "bringing the city back" and reviving her trade, I took my cue from these remarks and talked on "Real Assets of the City" before thirty attentive listeners. My words were such a sharp contrast to the previous gloomy discussion that they fell on willing ears. At the close the chairman assured the group and me that Kiwanis stood for just such human values and urged me to return to their city. This opportunity was just the one I had coveted and I was now ready to leave. . . .

Ten miles by auto to the interesting camp of two thousand negroes. . . . These people come from one plantation five miles distant, and having had more time to save household goods, have brought with them, beds, brilliant-patterned patchwork quilts, enlarged crayons of members of the family—and even a much-beloved squeaky organ or rasp-victrola. The brown tents are set in even lines down the wide, sun-baked, scorching hot street, and in front of each tent, in true line, proudly stands the family cookstove, symbol of the family entity still preserved.

In and out among the long lines of sweltering hot tents we went, talking here with a mother caring for her little baby, there with a group of girls clustered around the precious family organ, a great rarity on the plantation but even more socially distinctive in a refugee camp. After some scurrying around we located an old gospel hymnal. Who could play? Unfamiliar with the intricacies of stops, knee bellows, and pedals, I resolutely volunteered and soon we had a friendly group singing lustily, "Down at the Cross where my Saviour died." We were on familiar ground here and our musical efforts went over big. Now that we had gained their confidence we talked about our purpose in coming, arranged for the afternoon meetings in the nearby Methodist and Baptist churches, and received the promise of their help. Even the

children were enthusiastic, for little of recreation or amusement had been afforded them during the long weeks of camp life.

At four o'clock, while the sun was still high, carefully groomed groups of boys and girls, men and women, slowly made their way across the bayou bridge that separated the camp from the little town beside it. Little did it matter that gayly colored dresses were ill-fitting or much worn, that stockings, often of two different colors, were barely held together, the long runs unskilfully caught up by coarse thread or white string, that shoes were often heelless, slit at the sides to afford greater room for spreading feet, accustomed, unshod, to treading slowly up and down the long rows of cotton during "chopping" time under the burning heat of a Mississippi sun or plodding long hours in cotton-picking time.

Every group produces its natural leader. At the door of the little Baptist church two blocks away stood ————, the plantation school teacher, a gracious, well-spoken, tall, black man, beckoning the boys and girls up the wobbly plank that has served since the steps were washed away in the high water that covered for several weeks all of the city except the railroad tracks. The men and women were directed into the Methodist church next door, no longer a rival in its appeal to audience or belief. Dr. ———— and I spoke at the same time, she to the grown-ups, while I gave a health talk to these well-behaved, often drowsy-eyed children next door. Then I dismissed all the boys and the girls under twelve years of age. Reluctantly they hovered round the door or gathered under the high windows to catch what was still going on. Dr. ———— and I "exchanged pulpits" and I followed her health and sanitation talk to the adults by a simple presentation of family ideals. Heads nodded approval, a subdued chorus of assent—"Sho nuff," "Dat's da truf," "Amen," "Ain't it so"—accompanied my every statement, and we swung along together in a complete emotional accord till, hot and drenched

with perspiration, I sat down. Then their teacher spoke clear, forceful words of appreciation and presentation of the Negro ideals of family life and purpose for the future. "At such times," he said with great dignity, "we generally sing 'Swing low, sweet chariot' or 'Steal away.' " Someone broke into the first song, a deep, clear, sweet baritone voice, and all took up the refrain. Then one man seated behind me on the crowded pulpit (for every available space was occupied and windows and doors were jammed) impressively recited, line by line, the old plantation song, the appeal through deepest tribulation to the All-understanding One, while deep sonorous, throaty, and clear, high voices slowly and prayerfully sang, "Father, I stretch my hands to Thee." The little church shook and reverberated with the slow volume of their measured song, uttered by lips that knew full well the full meaning of the words. . . .

It was refreshing and reassuring to talk with the medical staff in charge of the Red Cross Hospital, perched directly in front of the railroad station and alongside the tracks, the only dry spot in reach when the levee broke. Both see a future program in which social hygiene workers educate old and young, in school and on the plantation, while doctor and nurse work alongside in free venereal disease and general medical clinic, healing the bodies and pointing the way to a healthier, happier way of living. Color and race are no hindrance to such a plan. All that is needed is a fund, through state appropriation or otherwise, ample enough to cover such a program, then the personnel for both groups of workers and the necessary coöperative program could be established. A people—worn out by the ravages of tuberculosis, pellagra, and venereal diseases, with little resistance because of unsanitary living conditions and lack of education—could be thereby restored to rightful and healthful standards of living and made a greater economic asset and society in general would be the gainer. A revolutionary step has been taken in this disaster when human

values were placed first and when like programs for their betterment were extended to all people, no matter what color the skin chanced to be. . . .

For several days I had looked forward to meeting with the women of the colored committee, a group of leaders in the community. On Tuesday and Saturday I talked with them of the social hygiene needs of the community; outlined study methods, distributed literature, and suggested resources for further help. About twelve women were in each group and I found them alert, informed, eager to serve their race. The leader in this group is ———, Principal of a colored school, a woman of sixty years or more, a dominant force and highly respected.

On Saturday morning we had an appointment to meet the City Superintendent of Schools. While waiting for him to appear at the City Hall, I chanced upon a group of midwives, assembled to receive new supplies from the supervising nurse. I went into the room, found they were willing to give me some time, talked hurriedly with them, all the time keeping an eye on the door. When Dr. ——— appeared I turned the group over into her able hands.

* * * * *

[The lecturer from whose reports the following is quoted, himself a Negro, worked wholly among the Negroes.]

I have just completed work in three camps during the past week. I estimate I have reached about three thousand refugees according to camp figures. I would have gone to Sicily Island if it had been possible to go by boat. The officer refused to send me by boat because of the danger of driftwood, and after finding the next morning that it was still impossible, and that getting around there by train meant spending considerable time, I decided in view of the expected early demobilization to strike the larger camps, spending two days in each.

Of course the lectures had to be reduced to the simplest terms. . . .

The largest camp visited by me so far. These people are unable to read, nearly a hundred per cent, and therefore literature is of no practical value to them. The facts also that I am giving them cannot be too numerous. They have to be few and quite simple for best results.

I expect to see ———— and ———— in an hour. . . .

. . . I tell you I was glad to see them both. I have been told of their fine work. They are rightfully making their camp work more intensive than I am mine. My people cannot hope with their degree of literacy to take too much intensive work. . . .

All indications are to the effect that the work in social hygiene was well received in an appreciative manner by the refugees, many of these people expressing gratitude over the opportunity of gaining information about conditions that were of such serious nature. . . .

It is well to point out here that illiteracy does not mean a lack of intelligence by any means. Any simple and direct educational program can be appreciated by the greater part of these people.

* * * * *

When we first went some of the camp authorities felt that we had a high-flying idea which could not fit into that situation, but they found the people would come to hear us talk about problems they had thought vaguely about all their lives and couldn't get clear—problems of marriage and the family. I saw their faces as we told them of the diseases likely to be contracted through promiscuity—it was worth it. . . .

We coöperated with the Red Cross, trying to equip these colored people with the idea of coöperating with the health authorities after the flood conditions have subsided—boiling their water, filling up holes, screening doors. We convinced white people down there that Negroes were susceptible to intelligent views on this subject. Of course we had to meet their superstitions head-on and convince them that they could

not depend on the Negro faith doctor and the "kunjér woman," or on throwing flour before the doorstep and wearing dimes on their ankles. . . .

At least half, nearer 90 per cent, of the refugees in the Louisiana camps, white and colored, spoke no English. Before my first lectures, I sat half the night in my shack talking with refugees, listening, trying to get the patois. It is Creole French. The State Board of Health had put out a venereal disease circular for camp circulation and that gave me the technical terms I needed.

Generally I talked in the mess halls, sometimes on the open ground, once from the roof of a mess hall. Personal talks happened anywhere and everywhere—in the refugees' tents, in mine. While the old woman smoked a pipe of tobacco I smoked a pipe of tobacco and we talked about Jenny.

The fact that the Red Cross had sent a Negro to see them was one of the most encouraging things that had happened to those people. "We didn't think they would ever send us one of our own kind," they said. "We can talk to you." I could explain many things in the light of camp experiences. Immediately they saw the great value of the work that was being done for them. They came with their personal problems—"What are we going to do with Nell?" "Ought we to go back to the farm?" "Can I write to you if our girl goes to New York?" "You don't know what we go through with our daughters." This is a constant problem. It was brought out casually—in the shacks—under the stars—.

Many of these people are close to the primitive. The primal virtues are strong in them—love of family, etc. Their priests are building up in them very sound and fine ideals of family life. It means a great deal to them. . . .

When I finished my last lecture they went out singing, "We're sorry you're going to leave us." It was the most dramatic thing I have ever experienced—and I have had lots of dramatic things.

[The following excerpts are from reports of the Protective Officer. She made careful surveys in New Orleans and elsewhere.]

Every person interviewed here expressed a desire to co-operate in our work and seemed to realize a need of it.

The leisure hours not utilized, the restless spirit manifesting itself, the inability of many to read or to speak English, the unusual position the young folks found themselves in, transplanted from a sparsely settled rural community into a crowded area with time on their hands and no idea how to employ it, all this added to the difficulty. . . .

I offer this survey of the situation in the hope that the facts brought out will be useful in the days to come when the State of Louisiana will reach out into the parishes with a completely organized social service program. This is inevitable after the demonstration made in these flood areas of the need of such a program.

Sincere appreciation of the work of the social hygiene lectures is expressed by all. Specific instance worthy of notice—a "Y" worker said he knew the lectures to boys and men did good because he learned some things himself, but that the lady's lecture was effective he knew because the mothers came after the dances and took the girls home with them and did not let them go around with the boys afterward, and that the girls became more reserved in the presence of men.

While patrolling around camp, I observed two young girls loitering about with the refugee workmen. I engaged in conversation with these girls and learned they were town girls who had slipped into the camp in violation of regulations. They had never worked and came to camp because they had nothing to do. Escorted these through gate; secured sufficient history to refer for follow-up to the social worker here. There has been no day-time program of recreation here and in consequence the children have been running at large through the hot areas or in the equally hot tents, restless and eager to do something, preventing the mothers from sewing and learning

in the home economics booth. There was no one to devote any time to this much needed job. It should come under "Recreation" which is on the preventive program, but it had never been taken care of. Since there were no cases of delinquency coming to my notice, I thought that my program should be elastic enough to include work with these children. I organized a group of town girls to assist me. We collected as many as sixty little girls at a time and kept them busy making scrap books and mats. I had taken the matter up with the Commanding Officer and secured some material in order to make these demonstrations of the value of occupying leisure time as a factor in the social hygiene program.

The children were enthusiastic, begging to remain all day and until dark. They are obedient, eager to learn and grateful for the opportunity. Not being a trained recreational director, no doubt I would not long hold the attention of other groups, but these little ones who had never worked or played in this way were an easy problem. I had to fall back on some of my childhood activities and am glad that they recurred to me after all the years.

The program consisted of making scrap books—(cut outs) big hit;—making mats; making doll clothes; playing horse shoes, checkers, bean bag, the tiny ones playing with toys; singing and reciting by the children; informal social hygiene talks recalling previous lectures. At night I supervised the dances and did patrol duty with the police officer through the areas.

I continued with the survey, interviewing persons of responsibility in the community and getting their reaction to the program of protective preventive work. I am still seeking the one to frown on the plan so that I may report the exception which proves the rule. All these people have felt the need and appreciate the service a trained worker could render.

The following were the delinquency problems which faced the camps in the early days:

1. Town boys coming into camp to dances and remaining late.
2. Irresponsible individuals living in the camps.
3. The boys and girls not returning to their respective tents after the dances and entertainments; loitering around outskirts of camp.
4. The using of tents (unoccupied) for immoral purposes.
5. Lack of any organized plan of recreation or work to take care of all hours.
6. Difficulties of camp officer in handling girl problem.
7. Parents not awake to possible delinquency among their children.
8. Petty stealing.
9. Sale of liquor.

Corrective measures established after the situation became obvious were the following:

1. Passes required for entrance to camp. None issued except to persons actively engaged in work there.
2. Dances and movies given for refugees only.
3. Additional police officers secured.
4. All refugee men required to work; no work—no food.
5. Young girls placed in mess halls to serve.
6. Program of the Home Economics Extension.
7. Social hygiene lecturers' arrival.
8. Parents following advice of lecturers—escorting girls home, etc.

* * * * *

A local business man in the flood area: "The work done here has made quite an impression on the religious leaders, the educators, and our leading business men."

A local newspaper man: "I think this is a valuable activity. I shall write this up for the Associated Press. The Red Cross is proving itself wise and alert to actual conditions in the field in sending such workers here for this social hygiene instruction and guidance."

An official of the flood relief: "The workers representing the National Social Hygiene Association have developed a program of service through the State Health Department which has brought to me many excellent reports. I feel that this group of workers has shown unusual skill and flexibility in adapting their work to the needs of the Refugees in the camp grounds."

EUGENIC STERILIZATION IN CALIFORNIA *

IV. CHANGES IN ADMINISTRATION

PAUL POPENOE

Pasadena, California.

Although California adopted its first sterilization act in 1909, enforcement began only in 1910. The study¹ of the results, financed and directed by E. S. Gosney, a Pasadena philanthropist, in consultation with an advisory committee made up of experts in many different lines, began early in 1926; hence there was available the experience of sixteen years.

It seemed desirable to find whether there had been any pronounced changes during these sixteen years in the manner of administering the law. It was a new thing in California; there was little precedent anywhere for it. The superintendents of the various state institutions had to feel their way, studying each case as it was presented; finally to formulate in their own minds policies which guided their subsequent administration of the law. Has their experience led them, in the course of these sixteen years, to depart radically from the procedures and policies they adopted at the outset?

* This is the fourth article of Mr. Popenoe's series on sterilization in California. The first appeared in the *JOURNAL OF SOCIAL HYGIENE*, Vol. XIII, No. 5, pp. 257-268, May, 1927; the second, Vol. XIII, No. 6, pp. 321-329. The third of this series, "Successes of the Feeble-minded on Parole after Sterilization," is being published in the *Proceedings of the American Association for the Study of the Feeble-minded*. It deals largely with administrative problems and is not particularly adapted to the *JOURNAL OF SOCIAL HYGIENE*. Readers who wish reprints of No. 3 of this series may obtain them by writing E. S. Gosney, 26 No. Marengo Avenue, Pasadena, California.

¹ Popenoe, Paul. "Eugenic Sterilization in California. I. The Insane." *Journal of Social Hygiene*, 13:257-68, May, 1927. The other papers published in this series so far are "II. The Feeble-minded," *Journal of Social Hygiene*, 13:321-329, June, 1927 and "III. Success of the Feeble-minded on Parole after Sterilization," *Proc. 41st annual session of the American Assn. for the Study of the Feeble-minded*, 1927, p. 86-103.

The present paper deals only with the insane, the feeble-minded being reserved for separate treatment. The first question asked was whether there had been marked variations from year to year in the proportion of the patients sterilized. Table I gives the number of first admissions and number of operations for sterilization, in the six state hospitals for mental diseases, year by year, the last column giving the ratio of operations to first admissions:

TABLE I

NUMBER OF FIRST ADMISSIONS AND OF STERILIZATION OPERATIONS IN THE SIX CALIFORNIA STATE HOSPITALS FOR MENTAL DISEASES

Calendar year	No. of first admissions	No. of operations	Ratio of operations to admissions
1910	1302	11	.008
1911	1578	148	.09
1912	2240	80	.04
1913	2390	120	.05
1914	2406	91	.04
1915	2724	116	.04
1916	2781	182	.07
1917	2559	375	.15
1918	2431	455	.19
1919	2020	320	.16
1920	2032	118	.06
1921	2590	153	.06
1922	2601	208	.08
1923	2544	190	.07
1924	2788	316	.11
1925	2923	396	.14
1926	2876	541	.19
	<hr/> 40785	<hr/> 3820	<hr/> .09

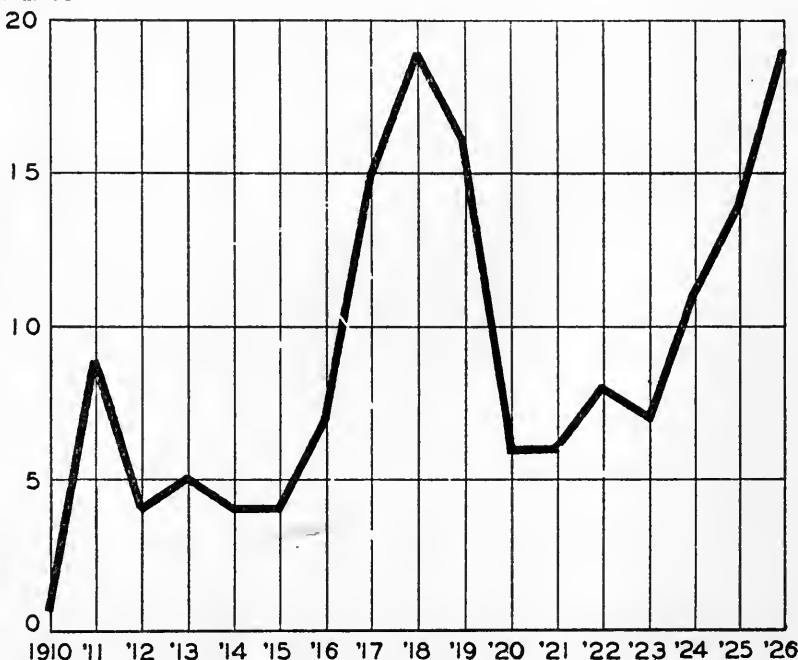
These data are presented graphically in Fig. 1, in which the wide fluctuations presented by the curves of the individual hospitals are reduced to their lowest terms by amalgamation. Even in this way, the curve is seen to be remarkably irregular.

Following the activity of the first year or two, during which it may be assumed that a number of patients were sterilized who had been accumulating for some time, there was a falling

off of activity, which continued at its lowest level for four or five years while, one may again assume, those responsible for sterilization watched the effects and studied the situation. Finding the results satisfactory, they began to sterilize more widely, and during several years the number of operations performed was the greatest during the whole period of this survey.

About 1920 there was a sudden and sharp drop in this activity. The individual curves show that this did not affect

NUMBER OF
PATIENTS



all of the hospitals; but the result on the whole was profound. It is our understanding that this decrease in sterilization was due largely to doubts that had been raised concerning the validity of the law. These were removed by the attorney general and the legislature in a few years, and sterilization then began to increase, which it has continued to do steadily

until it has now reached again, if not passed, the highest point of the preceding years, and shows no signs of diminishing.

In analyzing the detailed changes of administration from year to year we have dealt only with our Group A (see the

TABLE II.

PERCENTAGE OF FIRST ADMISSIONS IN OPERATIONS FOR STERILIZATION

Period	Males	Females
1	72.00 \pm 6.10	80.77 \pm 3.40
2	47.14 \pm 2.90	86.39 \pm 1.70
3	90.81 \pm 1.50	86.50 \pm 1.40

first paper in this series), comprising all the sterilizations performed at four hospitals: Norwalk, Napa, Agnews, and Mendocino. Our records were not complete for the two largest hospitals, Patton and Stockton.

It happens that these two were the only ones which performed any operations in 1910, the others beginning in 1911 (Norwalk only in 1916, when it was first opened). Moreover, our records are not complete for the year 1926, but as we are dealing only in ratios, we believe no serious error is introduced by using such data as we have for that year.

To note changes in trends, we have divided the data into three periods: (1) comprising the first six years (1911-1916 inclusive), (2) the next five years (1917-1921 inclusive), and (3) the last five years (1922-1926 inclusive).

The drop among the males in the second period is probably due to the opening of Norwalk state hospital. At this time a large number of men were transferred from Patton to Norwalk, and sterilized after their arrival. They were not first admissions, of course. Making allowance for this, there appears to be a slight increase, in the course of time, in the number of operated patients who are first admissions. In other words, the tendency has been to sterilize patients earlier in their institutional history—not to wait for them to become chronic cases.

Table III shows the proportion of the sterilized patients who were native-born. The remainder are foreign-born, since our percentages were calculated by excluding those marked "unknown."

TABLE III
PERCENTAGE OF NATIVE-BORN PATIENTS IN OPERATIONS FOR STERILIZATION

Period	Males	Females
1	72.72 \pm 6.00	71.01 \pm 3.70
2	63.31 \pm 2.80	64.88 \pm 2.20
3	54.64 \pm 2.60	71.72 \pm 1.70

In the females there has been little or no change. In the males, there has been a steady increase in the proportion of foreign-born sterilized, although, as shown in the first paper of this series, for the whole period there has apparently been no preponderance of foreign-born sterilizations, in relation to their institutional population or their part in the population of the whole state.

During the same sixteen years there has been no very definite change in the proportion of foreign-born among the first admissions. For comparison with the percentages in Table III the percentage of native-born patients, among all admissions, was 63.06 in the first period, 66.61 in the second, and 61.29 in the third. Possibly the percentage of foreign-born patients has increased, with time, among the first admissions though not in the total admissions, which include many readmissions. Figures are not available to settle this point, but the large number of foreign-born males, particularly Mexicans, coming into the state during the last two decades makes it seem likely that their increasing frequency among the sterilizations simply reflects their increasing frequency in the institutions.

The males during the first period numbered only 14 altogether, so no weight can be attached to the percentage which they furnish. On the whole, there appears to have been a slight decrease in the number of patients with positive family history; or in other words, a slight increase in sterilization

of patients who had no reported case of mental disease or defect among their near relatives.

In the absence of any definite evidence as to the cause of this decline, our opinion is that it largely represents increas-

TABLE IV
PERCENTAGE OF PATIENTS WITH POSITIVE FAMILY HISTORY IN
OPERATIONS FOR STERILIZATION

Period	Males	Females
1	14.28 \pm 5.80	62.69 \pm 4.00
2	81.25 \pm 3.80	46.66 \pm 2.80
3	39.73 \pm 3.90	51.78 \pm 2.30

ing education of the patients themselves, which leads many of them, who feel their own incapacity for parenthood, to ask for sterilization, even if the family history is fairly good.

There has, it is evident, been a marked increase in the proportion of single women sterilized. It is not possible for us to determine whether this reflects an increase in the propor-

TABLE V
MARRIAGE AND FERTILITY OF FEMALE STERILIZATIONS

Period	Per cent of women married	Per cent of married women who had children
1	79.45 \pm 3.20	81.03 \pm 3.60
2	76.68 \pm 1.90	80.70 \pm 2.00
3	50.49 \pm 1.50	85.60 \pm 1.50

tion of single women admitted to the state hospitals, but this seems unlikely. We believe that it reflects rather an increasingly intelligent attitude on the part of the public, which leads many young women (and men, too) to realize that, if they do marry, they should not have children.

The basis of this belief cannot well be expressed statistically, for it rests on a general impression gathered from the study of the individual histories, and from conversation with hospital physicians. But we have no doubt of its validity. Not only do many young women, who have been

mentally upset, desire sterilization, but our impression is that in an increasing number of cases their parents join them in asking, or ask on their behalf, that the operation be performed.

There has been no striking change in the proportion of childless married women sterilized, although a slight decrease is perhaps to be remarked. Such a decrease is no cause for regret since we shall present evidence in another paper indicating that these childless married women are organically different from the married women who have proved fertile; and that in many cases they are childless because they are physiologically sterile, not because they have not yet had time to have children.

TABLE VI
MEAN LENGTH OF TIME (IN MONTHS) BETWEEN FIRST ADMISSION
AND STERILIZATION

Period	Males	Females
1	22.50 \pm 2.85	19.30 \pm 1.37
2	20.55 \pm 2.32	14.45 \pm 0.70
3	14.85 \pm 1.24	9.80 \pm 0.57

Table VI reveals the most marked change that came to light in the present study. Whereas at first most of the sterilized patients had spent several years in hospitals, this time has been steadily decreased until, in the case of the females, it is now only half what it was in the early years.

In an increasing proportion of cases, patients are no longer allowed to go and come to the hospital several times, with the possibility or certainty of a new baby during each remission, before being sterilized. This tendency appeared slightly in Table II. Selection, among the first admissions, of the more curable cases for sterilization, has also decreased the figures of Table VI; among these cases, the tendency in most of the hospitals is to sterilize soon after admission, rather than to wait until just prior to discharge.

This tendency is explained on several grounds. Particularly in the case of some male patients, there is always the possibility of elopement. Among the females, it is desirable

to give the patient plenty of time to recuperate, under observation, in the hospital after the operation; and a still more important reason for early operation is that in many of the female cases there is an opportunity during sterilization to correct various pathological conditions (removal of pus tubes and cysts, suspension of uterus, appendectomy, breaking up of old adhesions, repair of lacerations in vagina or uterus, and the like). This correction may influence favorably the course of the patient's mental trouble, by improving her physical condition.

TABLE VII

MALE PATIENTS STERILIZED AT STATE HOSPITALS, DIVIDED ACCORDING
TO VARIOUS TYPES OF PSYCHOSES

Diagnosis	Period 1		Period 2		Period 3	
	No.	Per cent	No.	Per cent	No.	Per cent
D. P.....	11	44.00 \pm 6.70	72	51.05 \pm 2.80	130	70.27 \pm 2.30
M. D.....	2	8.00 \pm 3.60	33	23.40 \pm 2.40	24	12.97 \pm 1.70
C. P. I., F. M., etc...	3	12.00 \pm 4.40	11	7.80 \pm 1.60	13	7.02 \pm 1.30
Alcohol, Drugs, G. P.	1	4.00 \pm 2.60	8	5.60 \pm 1.30	5	2.70 \pm 0.90
Epilepsy.....	5	20.00 \pm 5.40	10	7.09 \pm 1.50	5	2.70 \pm 0.90
Miscellaneous.....	3	12.00 \pm 4.40	7	4.97 \pm 1.30	8	4.32 \pm 1.00
	25	100.00	141	100.00	185	100.00

Tables VII and VIII (which also give the actual numbers involved in this study) show the variations, in the course of the years, in the diagnoses of the sterilized patients.

Among the males, the tendency has been, markedly, toward sterilizing increasing proportions of those diagnosed as dementia praecox. To a much smaller extent, there has also been an increase in the sterilization of the manic depressives. The numbers embraced under the other headings are too small to furnish accurate information, but as they all show decreases, it is evident that the functional psychoses have gained at the expense of everything else.

Among the females, dementia praecox has gained at the expense of the circular psychoses.

To what extent these findings represent the arrival in the institutions of a different type of patients; to what extent they reflect changes in diagnosis in the institutions; and to

TABLE VIII

FEMALE PATIENTS STERILIZED AT STATE HOSPITALS, DIVIDED ACCORDING TO VARIOUS TYPES OF PSYCHOSES

Diagnosis	Period 1		Period 2		Period 3	
	No.	Per cent	No.	Per cent	No.	Per cent
D. P.	14	18.90 ± 3.10	77	34.07 ± 2.20	128	37.98 ± 1.80
M. D.	37	50.00 ± 3.90	101	44.69 ± 2.20	144	42.74 ± 1.80
C. P. I., F. M., etc.	7	9.46 ± 2.20	25	11.06 ± 1.40	28	8.31 ± 1.00
Alcohol, Drugs, G. P. . .	0		2	0.88 ± 0.50	2	0.59 ± 0.40
Epilepsy.	5	6.76 ± 2.00	6	2.65 ± 0.80	14	4.16 ± 0.70
Miscellaneous.	11	14.88 ± 2.80	15	6.65 ± 1.10	21	6.23 ± 0.90
	74	100.00	226	100.00	337	100.00

what extent they are to be interpreted as evidence of a change of policy on the part of the hospital staffs, in their selection of patients for sterilization, it is impossible to say.

SUMMARY

1. There have been wide fluctuations in the amount of sterilization performed in the California state hospitals for the insane from year to year. They are explicable largely on administrative grounds. Since 1920, when sterilization was at a very low ebb, there has been a steady rise in activity.

2. There has been a slight tendency to increase the proportion of first admissions sterilized; in other words, to sterilize fewer chronic cases.

3. There has been a slight increase in the proportion of foreign-born patients sterilized. This may reflect an increase in the proportion of foreign-born patients admitted to the hospitals.

4. There has been a slight increase in the sterilization of patients who had no near relatives affected.

5. There has been a marked increase in the proportion of single women sterilized, and among the married women, a slight decrease in the number of childless ones.

6. There has been a striking reduction in the length of time spent in hospitals prior to sterilization.

7. Sterilization of patients with dementia praecox and manic depressive psychoses has increased at the expense of all other diagnoses; and among the women, the first-named has increased slightly at the expense of the manic depressives.

SOCIAL CASE WORK IN HOSPITAL AND CLINIC

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The relationship of social case work to the venereal disease problem as met in a large general hospital and clinic forms a most pertinent subject for the consideration of all students of social hygiene. Here are found patients treated on any of the special or general services for conditions which may be associated with venereal disease, waiting for the results of laboratory tests; the patients with syphilis or gonorrhea, infectious and non-infectious, acquired through regular or irregular sex relationships or accidentally; the pregnant woman with syphilis or gonorrhea, occasionally both; the congenital syphilitics; the children with gonorrheal vaginitis; and patients suffering from the end results of these diseases—locomotor ataxia, general paresis, aneurysm, etc. All present social health problems which, directly or indirectly, are associated with sex and its far-reaching complexities.

A venereal disease service even though it may be developed as a part of medical education must necessarily assume another function—that of protecting the community from the spread of disease. With this object in view, it is important

that the management of patients be conducted skillfully from the moment of admission to a clinic and suspected venereal disease until the diagnosis is confirmed or disproved. If confirmed, the patient should be kept under effective control until the medical treatment is completed. By control is meant the instruction of patients in the routine of treatment; a follow-up system to insure attendance at clinic; and the elimination of social or economic obstacles which may impede progress and the full benefits of medical care.

The unit about which hospital and clinic organization is built and upon which all its functions center is the patient himself. Without him there is no need for the erection of the hospital and the training of professional groups. A patient presenting himself at clinic or hospital is a human being moulded and shaped by the play of many forces, hereditary, educational, industrial, sexual, economic, environmental. These may have contributed in the past to his present condition and should be known and appraised in order to understand each individual patient and to plan his treatment intelligently. Sir William Osler has been quoted as saying to his medical students: "It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has." If sound medical practice and teaching is to be followed and the best results accrue to the venereally diseased patient and the community of which he is a member, then every effort must be made to promote the individual study of the patient socially as well as medically. Not only what a patient complains of and what the doctor discovers through physical examination and laboratory tests must be ascertained, but also all the significant factors which influence his life and environment must be sought and their effects considered. The thoughtful tracing of these subjective and objective clues constitutes comprehensive case study.

The history of the venereally diseased patient which is secured by the doctor should be augmented by the social

worker through interviews with the patient and with family, relatives, friends, and employers when indicated. The stigma attached to these diseases in most people's minds and the old conspiracy of silence maintained towards them renders this interviewing a task which calls for the greatest skill and most delicate handling. The intimate sex story which is an essential part of the history of the venereally infected person should in most instances be secured by the doctor, although occasionally patients may reveal information to the social worker which supplements or corrects their story as told to the physician and aids in tracing sources of infection. A defensive attitude on the part of any patient is not surprising when one realizes that he may have a sense of guilt and probably expects to be censured. However, if the patient is made to realize that the interviewer is not passing judgment upon his conduct but is concerned with his present needs and future well-being as well as the protection of others, little difficulty is experienced in guiding him in frank, accurate, self-revelation. A confession of guilt often brings great relief to the patient for he then feels that some one shares with him the responsibility of knowledge. Patients can also be made to realize the stupidity of trying to deceive those who are seeking to restore them to health, and the possibility of their giving false names or fictitious addresses be lessened. As far as the individual is concerned, syphilis or gonorrhea is merely a physical manifestation of underlying social factors which must be sought within the individual or his environment. Through the art of interviewing, then, physician and social worker cross the threshold of fear, hope, ignorance, or indifference laid down by the patient and gain the vantage ground from which they can best understand and influence him as a physical, spiritual, and social being.

The interpretation of the treatment which is given to the patient by the social worker after the doctor has explained the nature of his physical condition must be an accurate, clear,

careful process. It offers many opportunities for misunderstanding, and the patient may be classified as uncoöperative and further effort thought fruitless when in reality he has failed to grasp what is expected of him. Limitless patience must be displayed and a constant challenging attitude towards one's own method of exposition maintained in order to be sure that any failure of the patient to follow directions is not due to faulty methods of the clinic personnel. Laboratory tests have to be explained as many patients fail to understand their nature and purpose. Dates to return must be impressed upon the patient's mind. Printed instructions may be an aid but can rarely be relied on without amplification. The social worker must be sure not only that the patient understands the directions but that he has the necessary facilities for carrying them out.

Before considering the direction of various groups of patients through treatment, it may be well to mention the importance of establishing some method to insure the return of undiagnosed patients on whom Wassermann tests have been taken. These tests may be made by any of the services, such as the medical, the surgical, the orthopedic, the eye and ear, nose and throat, etc. If the patient is on the hospital ward, we can be reasonably sure of his remaining until examination is completed and treatment inaugurated. A clinic patient, on the other hand, is sent home with directions for a return visit at a future date. He may become discouraged, however, as nothing definite has been told him concerning his condition on his first visit and no medication been given, and fail to return on the date specified. A routine follow-up by postal card frequently fails to impress him. In order to eliminate the danger of losing those patients whose Wassermanns prove to be positive, it has seemed essential for a social service to maintain a check-up on all Wassermann reports. After waiting a reasonable length of time, if the patient whose test is positive fails to return, the physician is consulted. If he con-

siders it important, in the light of the preliminary examination, for the patient to be seen again, a home visit is made in the hope of impressing the patient with the seriousness of his condition and the urgency of putting himself under medical care.

Every case worker, whether she be primarily interested in children's, family, protective, or health work, is always aware of the economic and social consequences of illness and must consider the health needs of each member of a family with whom she is working. Both preventive and remedial results may be accomplished by advising people with any apparent lapse from health to consult their physician or a clinic. Please do not think I am suggesting that the social worker make a medical diagnosis; far from it. She merely recognizes the need for expert medical advice and urges the individual to seek it. This promotion of health standards does, however, help materially in the discovery and control of patients with venereal disease.

From the standpoint of treatment, which is the great thing, not only for curing but for preventing further infections, we may divide syphilitic patients into two main groups—those with early syphilis, including primary and secondary stages, and those with latent and late syphilis. The patients with early syphilis are the most important from a social hygiene standpoint as they are potentially a menace to the community and the next generation, while the late syphilitics present little danger through transmission. In interviewing these patients, the social worker must endeavor to learn the mental reaction of each individual when information concerning the nature of his disease is imparted to him. She must be quick to encourage the fearful or depressed and to impress the flippant or indifferent with the gravity of the problem. Only by endeavoring to influence each individual can the morale of the group as a whole be maintained.

Knowing the chronicity of the disease and the impossibility

of forecasting results, the social worker should point some objective in interpreting treatment. Direction for clinic attendance three times a week for several years, with occasional rest periods, presents a dreary outlook. It is wiser to outline a plan of treatment for four or six months, with the promise of reviewing progress and making further plans at the end of that time. Some lapses in following treatment may be due to discouragement regarding progress, and confidence in sound medical care must be restored in order to prevent the patient from resorting to quackery by applying to drug store medication or to physicians who promise quick, sure cures. The social worker must be sensitive to any indication of dimming hope or lagging interest and be quick to express sympathetic understanding and encouragement or to apply the harsher stimulus of a sound scolding. Methods of persuasion rather than authority should be used, but there always remains a residuum of patients with whom the aid of the Board of Health must be sought for the sake of community protection.

Patients must be impressed with the urgency of securing medical examination of possible contacts as well as of the source of infection. The futility of treating an infectious husband without his wife or a wife without her husband must be realized. This creates a social situation fraught with many dangers to family life. The doctor and social worker can only deal with it through the influence which they may be able to exert upon the patient. For such contacts can only be reached through making the patient face his own responsibility in the matter.

Although these patients are ambulatory cases and can be treated in clinics, the spread of the disease might be more easily limited if some infectious patients could be placed on hospital wards until treatment had rendered them non-infectious. It is frequently impossible for these patients to remain at home or at work without danger to other people. They may be living in crowded home conditions or in lodging houses and

eating in public places. Men may be handling food as cooks or waiters in restaurants or be employed in factories where industrial hygiene is poor and fellow workmen subjected to possible infection. Women may be nursemaids or laundresses. Stopping work does not solve the problem but may increase it; with the prospect of long continued treatment, it is extremely important for a patient not to lose his job. Employers would not understand why an apparently well person should not be at work but would probably be willing to hold a position open during an employee's stay in a hospital ward. Bed care may offer opportunity for more vigorous treatment than can be administered to clinic patients as the ward patients are under continuous control while the clinic patients may fail to return promptly for the necessary examinations and injections. If early treatment can be concentrated into a short period of time the more quickly will the infectious persons become non-infectious and safe to return to the community with less severe restrictions regarding personal hygiene. The educational value of hospital sojourn is great as it affords an opportunity for more intensive training by doctor, nurse, and social worker than can be given in the clinic; this is particularly valuable with those of low grade intelligence. While hospital care is neither essential nor desirable for every infectious patient, more hospital facilities than now exist for this group are certainly needed.

Obstacles which confront the patient requiring long continued clinic treatment are numerous. Patients living a distance from the clinic may find it impossible to spare the time which traveling back and forth requires from home or work. With permission of the doctor and administration, certain patients may be transferred to physicians willing to treat them at moderate fees, or, if unable to pay, to clinics nearer their homes. Private treatment for syphilis is expensive because of its nature and duration. Hence clinic treatment is generally indicated even for those patients who might ordinarily afford

to pay a physician for care during an acute condition. The majority of the patients, however, are close to the poverty line and even the clinic fees must sometimes be remitted.

Syphilis is generally recognized as a disease of youth, contracted during the period from 18 to 30 years of age. These are the years when persons should be economically productive; when their family responsibilities are apt to be increasing and the possibility of infecting mate and offspring is great. Such a disease during these years is a serious matter. Ability on the part of the patient to earn a living wage is a necessity and efforts should be made to maintain and even to improve his industrial status, preventing his descent into a chronically ill, dependent condition either physical or mental. Every resource which a community affords for his guidance or protection must be known and utilized. Efforts should be made to develop proper ideals and behavior in respect to sexual matters. Sex delinquency must be recognized and dealt with, education in the functions of sex must be given, and some substitution, such as wholesome recreation, secured.

Interpretation of a patient's condition to members of his family or a community agency may sometimes be necessary. As far as possible this should be done through conference in clinic with physician and social worker. The confidential nature of the information and the correct attitude to maintain towards the patient should be fully explained. The mental reaction of the average layman or non-medical person to the disease may be one of horror and a complete ignorance of the hopeful aspects of the case. In situations presenting marital friction the clinic conference is useful inasmuch as interpretation and counsel seem more professional and carry more weight if given in this way.

The most important element in an effective follow-up system is the work done while the patient is in the clinic. No method of sending notes or making home visits urging patients to persist in treatment can be successful unless it is supported

by a clinic personnel able to create in the minds of the patients an understanding of their condition and the character and duration of the treatment required, and able to demonstrate that the personal problems arising in each case are taken into consideration.

The following cases as outlined by the social workers in the syphilis clinic illustrate some of the points already mentioned.

I

Man, white, age twenty-six, with an eighth grade education. Father of three children. He worked as a milk loader in a local dairy. Infected by a friend while his wife was at her parents' home at the time of delivery of the third child. The patient was infectious. The wife and children were expected to return at any time.

Problems:

1. Protect public from possible infection through the patient's contact with dairy products.
2. Protect wife and children from the disease.
3. Protect those who might come in contact with the girl from whom the patient contracted the disease.

Considerations:

Husband and wife were not to be separated if possible to prevent it. A plan had to be made to prolong the wife's visit for at least a month and a half, so that the patient could get one course of intensive treatment. Three weeks of treatment would render the patient non-infectious as far as the children were concerned. The wife would be subject to some danger of infection, particularly in case of another pregnancy, but if the husband continued under treatment the risk would be greatly reduced. The responsibility for carrying out this plan had to rest with the patient as he did not wish his wife to know of his infection. The clinic worker could not inform the wife without his permission.

The patient had to stop work for a period of three weeks, though two weeks might make him non-infectious. Here the responsibility rested with the social worker as well as with the patient. The danger had to be explained to the patient. In the event that he refused to

stop work, he must be reported to the Board of Health and the work stopped during the infectious period.

Responsibility for the girl's treatment had to rest with the patient. The girl in this case had gone to a town within the state. The patient was still in touch with her. He was given the name and address of a clinic where she could receive treatment. The worker had to make the patient feel his obligation to others who might come in contact with the girl who had diseased him.

II

Intelligent, kindly white man, aged sixty-three. Came to eye clinic because of failing eyesight. Diagnoses: optic atrophy (syphilitic); syphilis, late stage. No history of infection. Patient thought he might have been infected while working in a hospital.

Family and Home Situation :

Wife rheumatic, a bed-ridden invalid for twelve years. Treated by a private doctor who visited her occasionally.

There were two sons and two daughters over thirty years of age, married and living out of the home; one son twenty-three years of age, at home. All children were well, according to father. The son was the sole source of income as patient's time was required to care for wife.

Considerations :

1. Wife's rheumatism and subsequent invalidism possibly due to syphilis, as rheumatism or arthritis is a frequent manifestation of late syphilis. A blood test was to be made.

2. Older children probably not syphilitic as disease would have made itself evident before the age of thirty. Blood test to be done on youngest boy if there were any symptoms.

3. Necessity of helping patient adjust himself to continued poor eyesight, as prognosis for optic atrophy in one of his age might be poor. His response to the first course of treatment must be carefully watched with this in mind.

Patient was persuaded to discuss his disease with the family doctor to see if there was any relation between his infection and his wife's invalidism; also with his wife, to prepare her for a blood examination. The knowledge of her husband's infection caused a family crisis which

the social worker helped to smooth out. When her Wassermann, having been taken by the family doctor, came back four plus, a plan had to be made jointly by the clinic and the private doctor for her care, as the doctor was not a syphilologist nor the patient able to come to the clinic for treatment.

The application of social case work to the problems of women with gonorrhea varies little from that previously described as applying to the syphilitics. These women have even a greater need for hospital care during the acute, infectious stage of their disease, as it is frequently accompanied by severe pain and complete isolation is necessary. With the present lack of hospital beds, however, most of these patients have to be instructed by the social worker how to observe precautions at home. If there are young girls in the family, transmission of the disease through bed clothing, toilets, and tubs is a very real danger. The mother must be questioned to find out if the children have a discharge; if so, they must be examined by the physician. Detailed instructions must be given to the women for whom douches are recommended. The social worker should be sure not only that they understand the directions but that they have the facilities and privacy necessary for carrying them out. Sterility caused by gonorrheal infection may produce great unhappiness and even neurosis in the women who desire children. The social worker must recognize the need for providing stimulation to maintain these patients in constant efforts towards the goal of health in spite of discouragement and any apparent lack of progress.

This problem is one that faced the social worker in the gynecology clinic:

A girl, white, age twenty-three. Prostitute living in a cheap hotel, which has a bad reputation, opposite Union Station. A resident of Tampa, Fla. In the city three weeks. Diagnosis: acute gonorrhea.

Problems:

1. Keep patient from continuing in prostitution and spreading infection.

2. Find place to isolate patient free of charge.
3. Protect other guests in hotel using same public toilet and bath as patient.
4. Verify place of residence. Get in touch with Board of Health preparatory to her return there after period of infectiousness is past.

Considerations:

1. Patient's only means of livelihood being removed, free care over a period of several weeks during infectious period must be provided. (Patient being a non-resident is not eligible for City Hospital care.)

Adjustments:

Patient sent to Convent of the Good Shepherd. Remained there three months before infectious period was over. On discharge she was returned to her family in Florida. Board of Health notified of her return as doctors thought it advisable to keep up treatment for a longer period of time although her last three smears had been negative.

Patient given transfer card to Tampa Board of Health giving diagnosis and treatment received in the Convent.

Pregnant women with syphilis should be considered from a threefold standpoint—patient, child, and community. If they can be kept under continued anti-syphilitic treatment through the months of pregnancy, their own health will be safeguarded, the possibility of bearing a healthy child will be increased, and the danger of infecting attendants at time of delivery will be lessened. The diagnosis of syphilis should be made during the early months of pregnancy and regular and continued treatment carried out. It is difficult to educate women to seek prenatal care during early pregnancy and even to keep them reporting regularly for medical supervision. With the syphilitic woman this difficulty is increased as she must report several times a week for treatment even though she may not be feeling well, home cares may be pressing, and she may be indifferent because she has never been treated before yet has borne healthy children. The responsibility of the social workers in the obstetrical and venereal disease clinics to

instruct and maintain these childbearing women under treatment is great.

Children with congenital syphilis present a particular phase of the so-called venereal disease problem. Treatment is painful; parents, on whom they are generally dependent for escort to the clinic, may be indifferent, particularly when there are no physical signs indicating the importance of treatment. Yet these children are potential burdens on the community through the possible handicap of blindness, lameness, or deafness if untreated. From a child welfare as well as an economic point of view, every effort must be directed towards keeping them under clinic control. Such devices as a series of stars for regular attendance, with rewards upon successful completion of certain periods of treatment, have proved invaluable. A story hour will keep a child happy and quiet until summoned for treatment and tears will dry unheeded upon return to the charmed circle. Not only does this aid the physician by making possible a quiet, orderly clinic, but it furnishes opportunity for teaching rules of health and stressing the character-building traits through stories and posters. Such activities are not a part of social case work but the social worker can organize this work through volunteer service. Only when every other means of keeping these children under treatment has failed is the Juvenile Court turned to as the last resort to admonish delinquent parents.

With this group of children the work presents preventive, protective, and constructive aspects. Parents must be placed under medical care; normal, wholesome recreation must be secured, school adjustments made, and vocational guidance given. Suitable sex instruction is of major importance. Conditions prevalent in many of the homes from which these children come complicate adjustments. In a study made of 117 children with congenital syphilis who were treated in the Washington University Dispensary during 1922, it was found that 40 children, or 35 per cent, came from broken homes.

Homes broken by divorce, separation, or desertion, or by the absence of a working mother, present little opportunity for the normal upbringing of children.

The number of children with gonorrheal vaginitis is much less than that of children with congenital syphilis. The danger of infecting others, however, is greater. These children may be a menace in day nurseries, schools, vacation camps, etc. The social worker finds situations like this:

Girl, white, age twelve, attending 6th grade in school and living with father, mother, and younger sister and brother in three small, crowded rooms. Patient sleeping in the same bed with younger children. Mother and children using same washcloths and towel. Two other families with small children live in the house; all use common toilet and bath. Patient's diagnosis: gonorrheal vaginitis.

Problems:

1. Get mother and two younger children to clinic for smears. (Father not to be examined unless mother's smear is positive for gonorrhea.)
2. Have patient sleep alone.
3. Keep patient out of school to safeguard other children.
4. Explain precautions to mother regarding toilet seat, bath, and laundry.
5. Visit other families in house to see if there is any history of vaginal discharge and, if so, to get them to clinic for smears.
6. Make the mother accept the responsibility for home treatment and for bringing the patient to clinic once a week.

Considerations:

On account of crowded home conditions, patient could not sleep alone; family could not afford to move to larger quarters with private bath. Mother, careless and self-centered, would probably not keep up home treatment and bring patient regularly to clinic. Solution was to place patient in Convent of the Good Shepherd where she would get daily treatments and continue with her school work.

A recent survey of gonorrheal vaginitis in children made by the Charity Organization Society of New York showed that

the infection was found to be in close relationship to crowded housing conditions, inadequate supervision, early sex initiation, and incorrigibility. While it is recognized that gonorrheal vaginitis, like gonorrhea, syphilis, and congenital syphilis, is not limited to tenement sections, it must be admitted that dirty, crowded living quarters, with sleeping accommodations allowing not less than three persons to a bed, are productive of a widespread distribution of the disease. Social workers bear a grave responsibility in seeking to rectify the consequences of destructive social forces which are fundamental factors in venereal disease manifestations, and must not minimize the powerful influence exerted by sex.

In the last analysis, social work with adults is mainly remedial. The hope of the future lies in the child. He is the product of heredity and environment. Therefore it is our responsibility to assure an environment conducive to his best development. Children are now being born into sections of the city where exist crowded homes in unsanitary slums, industrial exploitation of parents and child labor, poverty and disease, lack of moral training and protection, delinquency and prostitution, and inadequate provision for wholesome recreation. While these social and economic conditions exist, venereal diseases will continue. We must endeavor to eradicate them and to create an environment which will fulfill our social obligations to childhood.

EDITORIAL

USING WHAT WE KNOW

"There is still plenty of need for research in the social hygiene field, but application of existing knowledge has nowhere near reached its maximum." This statement by an outstanding medical educator seems to sum up the opinions of many public health workers as expressed at the Regional Social Hygiene Conference and the annual meeting of the American Public Health Association held during October in Kansas City and Cincinnati respectively.

Many states and cities are applying one or more parts of the broad social hygiene program to good advantage but few are using all of the knowledge at their disposal. An excellent program of medical measures may be rendered largely ineffective because lax law enforcement fails to repress commercial prostitution—this failure resulting in more exposures and more infections. A carefully executed program of education can lose much in effectiveness if the community has no adequate agencies to carry on the needed protective measures for safeguarding and improving environmental conditions. Weakness on any of the four sectors—medical, legal, educational, and protective—means a handicap to the strength of each of the others.

Despite the gaps, however, there was much ground for optimism as one listened to the reports from all parts of the country and noted the earnest and devoted work which is being carried on. From Maine to Florida and from New York to Oregon came abundant evidence that official health agencies are "carrying on," and that voluntary groups are backing their efforts. With the withdrawal of Federal subsidies to states for venereal disease control work came a real test as to how far this work had entered the public consciousness—as to how much support it might continue to receive from its

ultimate beneficiaries, the taxpayers. It is gratifying to record the evidence, which shows a general trend toward continuing and bettering previous activities. Some states and cities, because of financial reverses, political changes, or other influences, have been unable to keep pace with the majority. In the main, however, the curve of constructive activity is upward.

The tendency toward better and closer coöperation among medical, legal, and educational agencies was cited by many speakers. The medical personnel working for better diagnosis, treatment, and follow-up; the police and legislative forces aiming for better laws and law enforcement; the educational agencies striving for a logical integration of social hygiene in their curricula; and all working together on problems which involve their mutual interests, make up a union which assures progress.

Some speakers touched, pertinently, on the need for more research and the difficulty of securing funds for this essential, basic work. "Research in other fields of public health has less difficulty in securing 'popular' financial support," was the statement made and repeated. It is to be hoped that, with an increased public understanding of the great need for and value of the social hygiene program, increased public and private funds will be made available. The cost of research in the United States, as was pointed out, is greater than in many other countries. Salaries are higher (though who will claim that, even now and here, they are commensurate with the labor expected?), overhead is greater, and publication costs are mounting. In spite of these financial handicaps, however, we cannot but believe that larger sums will be forthcoming for research as the needs are logically and interestingly brought to the attention both of influential individuals and organizations, and of the vast body of men and women who elect our governing bodies and officials.

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Special Session on Venereal Disease Control Measures.—A special session in the Fifty-sixth Annual Meeting of the American Public Health Association was devoted to the consideration of venereal disease control. This served to replace the opportunity for discussion of this subject formerly provided by the Association's committee on venereal diseases. A notable report of that committee, read at the fiftieth annual meeting in 1921 and reprinted in the *American Journal of Public Health* for May, 1922, gave a world view of work carried on during 1920 and 1921 and a forward look for activity on the subject in which many agencies should be concerned.

In 1926, in Buffalo, during the fifty-fifth annual meeting of the Association, Dr. Thomas Parran, Assistant Surgeon General in charge of the Division of Venereal Diseases of the United States Public Health Service, called together State Venereal Disease Officers and other officials interested in state or city venereal disease control, inviting also any other interested members of the American Public Health Association. The result of the meeting was a petition to the American Public Health Association to include in the next annual program a special session for consideration of venereal disease control. The suggestion was accepted by the Association and a special committee appointed to arrange a program for the Cincinnati meeting. The committee consisted of Dr. Thomas Parran, Chairman, Dr. Albert Pfeiffer, and Dr. Walter M. Brunet.

The program arranged was in two parts, one for a luncheon conference on October 20th, the other for a special session to follow the luncheon, in the same room. About 75 state and city health officials

and other interested sanitarians attended the luncheon; nearly 100 more joined them for the special session which followed.

At the luncheon conference Dr. Parran, speaking from notes instead of with the formality of a written paper, reviewed "Recent Progress and Trends in Venereal Disease Control," and Dr. W. S. Keller read a paper on "Community Organization for Social Hygiene." Outstanding presentations of the afternoon session were a "State Program of Social Hygiene Educational Measures," presented by W. C. Blasingame of Alabama and discussed by Dr. Albert Pfeiffer of New York and Dr. Hardie Hays of Mississippi; "Public Health Aspects of Syphilis," by Dr. John H. Stokes; and "Modern Clinic Practice," by Dr. A. J. Casselman.

The American Public Health Association has been memorialized to consider in 1928 the advisability of having the subject of venereal disease control occupy a place in the program of each of the several sections.

New Social Hygiene Agency.—The Board of Directors of the New York Tuberculosis and Health Association announced on October 25th that the Association has adopted a social hygiene program. Preliminary organization details and administrative plans, the statement said, have been approved by the Board.

The announcement calls attention to the fact that up to this time there has not been in recent years a specific local social hygiene association in New York City. It adds that the formal inclusion of this service in the program of the New York Tuberculosis and Health Association is in harmony with the more recent development of the health activities of that body.

The social hygiene service will be affiliated with the American Social Hygiene Association.

The Board authorized the creation of a Committee to be appointed by Dr. James Alex. Miller, President, to direct the work, which will be composed of physicians and laymen familiar with the work of the American Social Hygiene Association. The Committee will include several members of the Board of Directors of the New York Tuberculosis and Health Association.

"Our Association," said Harry L. Hopkins, "has repeatedly found itself facing situations in which its health efforts would have been greatly facilitated had there been in this city an organized social

hygiene agency. Our Board of Directors has come to a unanimous decision to undertake this important work because it is an essential part of any thoroughgoing health program. It will have the benefit of the already existing organization facilities of the New York Tuberculosis and Health Association."

Over and above these considerations, says the Board's announcement, the importance of venereal disease as a public health problem is of such magnitude as to warrant its inclusion in the program of the Association.

The objectives are summarized as follows:

"To discover infected cases and keep them under qualified treatment by aiding physicians, clinics, hospitals, and institutional and social agencies, and by maintaining an information service to the public.

"To discourage and prevent treatment by medical charlatans, druggists, and unqualified practitioners.

"To support the Health Department in securing the reporting of venereal disease and data, in epidemiological studies, in studies of adequacy and distribution of facilities, and in securing adequate appropriations.

"To promote health education in coöperation with sex educational agencies.

"To supplement law enforcement agencies by advice and authoritative information."

The definite program, for the present, will be concentrated in:

A campaign of health education to be carried on by the present Department of Health Education of the Association.

Development of adequate clinical facilities to be carried out by the present Venereal Disease Committee of the Associated Out-Patient Clinic Committee of the Association.

Active support of the Health Department in the Department's own program.

Coördination of the social hygiene activities of the several agencies operating in New York City.

The statement sets forth that the American Social Hygiene Association, which is contributing to four different studies now being carried out by as many agencies in New York City, has indicated that it would like to have these studies cleared through the office of the New

York Tuberculosis and Health Association, and to have the new Social Hygiene Committee act as a coördinating center.

Dr. William F. Snow, General Director of the American Social Hygiene Association, made the following comment:

"It is encouraging that one of the ranking local public health organizations in the country has decided to attack this problem of preventing and controlling venereal disease. The public should know the devastation which is caused everywhere by these crippling affections.

"No matter how much we might like to avoid facing the facts, the facts are with us. Yet conditions can be changed and the spirit in which the job has been undertaken promises much for the health and well-being of the whole city of New York."

Book List Printed.—A 1927 supplement to the Selected List of Books for Parents and Teachers has been published by the Child Study Association of America, Inc., in New York City. This list has been prepared by the Bibliography Committee to meet the many requests for information concerning books of special value to parents and teachers. The books listed in this supplement represent the selection of the committee from about 250 volumes received between June, 1926, and June, 1927. The decisions are made solely with reference to the needs of parents and teachers.

Social Hygiene Congress.—A meeting of the Third Imperial Social Hygiene Congress, organized by the British Social Hygiene Council, was held at Caxton Hall, Westminster, London, S. W. 1, from October 3 to 7, under the patronage of the Secretary of State for the Dominions and Colonies, the Secretary of State for India, and the Minister of Health. The program included addresses on the venereal disease problem from the imperial standpoint, a study of the position with regard to venereal diseases in Great Britain and the Dominions, the value of the ante-partum treatment of syphilis and gonorrhoea, social hygiene education as related to the school and the community, and the responsibilities of local authorities in a venereal disease campaign.

The Church and Social Hygiene.—At a meeting of Sunday School Superintendents, pastors, directors of religious education, and other religious leaders, called under the auspices of the Metropolitan Church Federation of St. Louis on October 13, the following resolution was passed:

WHEREAS, the church must become a real force in dealing with the vexing problems of social hygiene, and

WHEREAS, our church school teachers and leaders are at present inadequately prepared to cope with these problems;

BE IT RESOLVED, that this body request the International Council of Religious Education to introduce into its curriculum a course in Parenthood and the Character Training of Children; and that this course give special attention to the problems of social hygiene and sex education, in order that those completing the course may become leaders of similar training courses in their respective churches or religious groups.

Vulvo-vaginitis Clinic in the Bellevue-Yorkville Health Center.—The opening of a new free clinic is reported among the summer accomplishments of the Bellevue-Yorkville Health Demonstration. It is a special vulvo-vaginitis clinic for children. It was opened on July 14th, and the work of introducing it to the community at large is well under way. Other social service agencies already in contact with the neighborhood are helping to make known to parents that it is available and to reach patients.

The work of this clinic will develop under the leadership of the New York City Health Department. The clinic is open every Thursday afternoon from 2 to 4 and is available for girls up to 12 years of age. In connection with this service, Willard Parker Hospital has provided a special ward for the treatment of those requiring hospitalization, and admission to this ward will be made largely through the Bellevue-Yorkville Clinic.

For adults, a free venereal disease clinic of the New York City Health Department has been in operation in the Bellevue-Yorkville Health Center since April, 1927, for which the Bellevue-Yorkville Health Demonstration furnished the equipment. In addition, the Demonstration is now paying the salaries of two social workers and a clerk and providing for the part-time services of one physician out of its budget for social hygiene. One of the social workers serves the Bellevue Hospital Venereal Disease Clinic; the other is assigned to the Adult and Vaginitis Clinics in the Health Center.

The Bellevue-Yorkville Health Demonstration is one of three health demonstrations established by the Milbank Memorial Fund. One, for a rural community, has been carried on in Cattaraugus County,

New York; the second, for a middle-sized city, is in operation in Syracuse, New York; the third, for a district in a large city, is the Bellevue-Yorkville Health Demonstration, in East Side New York. Its announced objectives are, in part, "To apply to a given area known facts about the prevention of disease; to interest the district in the improvement of its health." The district chosen in New York City is a strip about fifty blocks long lying between Madison Avenue and the East River. As headquarters, the Demonstration uses a building made available by the Milbank Memorial Fund on East 38th Street, about the geographical center of the district.

The work in New York City is carried on in coöperation with the City Health Department. The American Social Hygiene Association has given assistance in establishing the new vaginitis clinic for children, both in stimulating interest and in conferences for preliminary consideration and for program shaping.

Venereal Disease Prevalence.—Books and pamphlets on the venereal diseases have been written from many points of view, but a study not hitherto undertaken is presented in a pamphlet recently issued by the United States Public Health Service, "A Survey of Venereal Disease Prevalence in Detroit," by Walter M. Brunet, M.D., and Mary S. Edwards, Statistician. Various special-group studies have previously been made; such data as army, navy, or hospital statistics have been collected and reported; but accurate and complete information on the incidence of these diseases in a general population group is extremely difficult to obtain and so far it has been impracticable to secure it.

This study was the first one of a series of "soundings" in various parts of the country representative of different social and economic conditions. It made, according to the authors, "every possible effort to obtain a count of 'known' cases of syphilis and gonococcal infection. Such an inquiry, it was believed, would permit of a study of case reporting, primarily to find out what proportion of physicians are reporting venereal diseases and how many cases they treat on the average. The ratio of cases reported during a given period to 'known' cases at a given time might be of value.

"Detroit was chosen as one place in which to make such a study, for several reasons: It is a big city, where industrial conditions have long been at the height of prosperity. There has been relatively little unemployment and wages have been high. Municipal policy toward

prostitution has tended toward regulation and certain conditions have prevailed which are generally believed to have venereal diseases as an accompaniment. No statistical evidence has ever been available to show whether there was more or less infection under such a policy and under such conditions. With the figures in our hands from the present survey it may be possible at some future time to make a recount of cases, to find out whether or not, under a stricter policy toward prostitution, such as seems to have been introduced into Detroit of late, cases have increased or decreased, particularly whether a greater or less number of new infections have appeared for treatment."

The United States Public Health Service, feeling this method of investigation statistically sound, has continued the studies which the Association suggested. The Service has made a similar count of the cases of venereal diseases in about fifteen communities, urban and rural, in different parts of the United States. These data have not yet been completed.

These studies have served a two-fold purpose. Not only is the statistical information obtained a new basis for the planning of more efficient work in this field, but the method of the survey itself—personal interviews of the medical profession by the investigators—has stimulated a special and widespread interest in this phase of medicine.

The survey reported in the pamphlet was made by the American Social Hygiene Association in coöperation with the Board of Health of Detroit and the public health committee of the Wayne County (Mich.) Medical Society.

ASSOCIATION NOTES

What made the Regional Social Hygiene Conference of 1927 of such live interest to Kansas City, the city in which it was held on October 10-12, was that long before October 10th the group at work on plans and preparations had brought home to Kansas City organizations the fact that each and all of them, however wide apart their objectives, had some social hygiene content in their programs. The first session gave this fact an inescapable emphasis. Three-minute talks on community work were given by representatives of each of 18 different local organizations, in preparation for which at least 18 organizations beside the Kansas City Social Hygiene Society had been set to thinking. One of the speakers built deftly on this good foundation later in the week

when he made an analogy between the task of all these organizations and the housekeeper's task, "municipal housecleaning" having the immensely greater difficulty that the refuse is human—cannot be thrown away—will not stay in a corner; "the vermin are these same boys and girls grown up, their youthful delinquencies hardened into permanent anti-social tendencies; they cannot be summarily disposed of as the house-wife disposes of the household vermin."

* * * *

Not all that happened in Kansas City showed in the printed program. Representatives from the national organization and other persons were made available for talks at luncheon and dinner gatherings and in churches. On the Sunday before the Conference six church services were arranged to arouse and strengthen interest in less closely allied groups; from the Association, Mrs. Spencer, Dr. Bigelow, Dr. Snow, Mr. Everett, and Dr. Swan spoke.

* * * *

The fine coöperation of the Kansas City papers helped, carrying the ideas of the conference into the homes of the citizens with a sympathetic interpretation quite unusual in newspaper reports.

* * * *

Invitations have been received from five different cities for the Regional Conference of 1928. Washington, Detroit, New Orleans, Louisville, and Buffalo have all written offering their hospitality.

* * * *

The first of September Dr. Edith Hale Swift began lecturing in the Hawaiian Islands, where she is doing social hygiene work under the auspices of the Y.W.C.A. Dr. Swift will spend three months in Hawaii.

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The November issue of the *Ohio Woman Voter* is a special Social Hygiene Number. Articles by active leaders in the social hygiene field are published.

* * * *

The resumption of work upon the Report of the Body of Experts on Traffic in Women and Children will call Dr. William F. Snow and Mr. Bascom Johnson back to Geneva in November.

Readers of the JOURNAL OF SOCIAL HYGIENE will remember that a review of the appointment of this Body of Experts and its work to

date was given in some detail in the JOURNAL for May, 1927. Briefly, the Body of Experts is a group of men and women, citizens of eight different countries, selected for their expert knowledge of the problem and for their ability, demonstrated in service in their respective countries, to assist the League of Nations in arriving at an international solution. In addition to such regular committees as the Committee on Health, the League of Nations has certain Advisory Committees. One of these, set up in 1921, is the Advisory Committee on the Traffic in Women and Children. By a resolution passed by this Committee at its second meeting, in 1923, recommending the appointment of a Body of Experts, it was appointed by the Council to make an international study concerning conditions under which the traffic is carried on, the study to be conducted "with the consent and collaboration of the countries concerned." Dr. Snow was made Chairman of the Body, and Mr. Johnson Director of Investigations.

The completed Report of the Body of Experts was presented to the League of Nations Council in February, 1927. It was accepted on March 9th, with high commendation, and sent to all Governments and to the Advisory Committee for recommendations as to further action by the Governments. It became immediately a subject of first-page importance in the papers. Part One was published. The approaching meeting of the Body of Experts is for consideration of Part Two.

Echoes and results of the Report have been appearing ever since its presentation. An instance is the editorial from Japan quoted on a following page; another, the following paragraph, which heads the first column of the September 23rd issue of *The Woman's Leader*, published in Westminster, England:

"The Report of the Commission of Inquiry into the Traffic in Women and Children was under hot discussion in the Fifth Committee of the League Assembly on Thursday and Friday of last week (Sept. 15-16). In the course of the discussion it was reported that both in Germany and in Hungary all licensed houses are about to be closed. The German resolution, requesting the League Advisory Commission on the Traffic in Women and Children to examine the possibility of recommending a similar abolition upon all governments, was finally carried unanimously. The French delegate, in supporting the resolution, showed a marked advance upon the earlier French objection that this is an internal matter lying outside the competence of the League. He confessed, however, that he could not yet declare that France would

undertake abolition. The results of this discussion are hailed by the *Manchester Guardian* as a 'great victory' for the international movement in favour of the abolition of licensed houses. The Report of the Committee was considered by the whole Assembly on Tuesday, and the German resolution was adopted. A striking speech is reported by Dame Edith Lyttelton, emphasizing the relationship between the traffic and the licensed house system, urging the raising of the age of marriage and that of consent, and demanding the infliction of far heavier penalties on men who live on women's immoral earnings."

Association notes have international connotations.

THE FORUM

To the Editor: The following letter is of more than personal interest. It is from Mr. E. C. Hennigar, Japan Mission of the United Church of Canada. Mr. Hennigar writes from Matsumoto, Japan:

"Since meeting you at the offices in New York I returned to Japan. We put over the petition against the licensed quarters again last year, getting over 22,000 signatures in this one province. The change in public opinion in Japan in the last five years is really remarkable.

"I write to enclose an editorial from our English newspaper which may be of interest to you, though somewhat late."

The enclosed editorial is from *The Japan Advertiser*. An able statement in itself, it is the more interesting because it was clipped from a paper published in Tokyo.

" 'The dark places of the earth are filled with cruelty.' Light, at least, is let into one of the very darkest of those places by the report which the League of Nations has issued on the traffic in women. The League's inquiry is an example of the admirable work which can be done by coöperation between the League and America. The League appointed its committee to investigate this subject three years ago. The committee at the start of its work decided to disregard both the well-meant but exaggerated statements of the reformers and the optimistic official diminuendo. They determined on making their own investigation. Mr. Bascom Johnson undertook the official direction of the investigators, and the American Bureau of Social Hygiene granted \$75,000 to pay for it. A friendly tribute to America's part in the work is worth quoting, in these days of pinpricks, from an English journal: 'Critics of America's abstention from the League,' says *The Nation and Athenæum*, 'will be well advised to remember that

here, as in a score of other cases, it is the United States that has had the concrete vision and the instinct of leadership.' The secretary of the committee was an English woman, Dame Rachel Crowdy, who has devoted a fine brain and unflinching courage to this truest form of women's work. The world which has so many names thrust upon its notice should know the names of those who are doing its real work. Sir Austen Chamberlain and Dr. Stresemann insisted on publication of the facts. All of them have not yet been given to the light. Part II which consists of 'material arranged according to countries' remains to be issued. Doubtless it will be published when the observations of these countries have been received. It is inconceivable that any civilized government should encourage secrecy; incredible that secrecy should be accorded.

"The investigators penetrated into the underworld and were able to question about 5,000 persons connected with the traffic—prostitutes, pimps and 'madams'. Their first duty was to establish the existence of a traffic. It is 'traffic' in the full sense of the term. It obeys the law of supply and demand. Instances were found of prostitutes being rushed to places to provide for the wants of battleships or troops or an influx of tourists. In some countries there is a perpetual surplus of men; they provide the *souteneur* with his 'foreign markets'. In countries where prostitution is legalized, it was found that 70 per cent of the registered women were foreigners. The prostitute in her own country has at least the semblance of personal freedom; in a foreign country she is helpless. The republics of Central and South America are large 'importers' of European girls.

"The sources of supply and the chief traffic routes were investigated. The 'movie drama' idea that wholesale or even occasional abduction exists was disproved. The irksomeness of poverty, ignorance of life, the recklessness of youth, provide an ample supply of only half-reluctant human raw material. Bogus offers of employment are one of the methods by which ignorant girls are entrapped. Cafes and cabarets are a fertile recruiting ground, especially where the despicable custom obtains of permitting drinks to be served to the audience by the artistes. The *souteneurs* and the madams are skilled at the work of 'breaking in'—a horrible expression which occurs several times in the report. A young, ignorant girl in a strange country is easily 'broken in'. But the great and convenient and safe recruiting ground is the state-recognized brothel. The proprietors of 'houses' take part

in the traffic and share in its profits. The Governments of such countries are handicapped in dealing with it because they have given the trade a legal standing. In one country—the name, unfortunately, is not given—girls of 14 are admitted to the licensed brothels. The Japanese authorities have had some experience of this abuse of the system, for up till a few years ago Japanese girls were being exported all over the Far East, from Singapore to Harbin. This traffic, one is glad to say, was put down by the Japanese Government even before the League of Nations had begun its inquiry.

“Suppression will not be easy. If the League of Nations did not exist to provide the means of international action it would be impossible. Concerted action by the police and the passport authorities is one of the first direct steps needed. Incidentally, it should be noted in extenuation of the passport nuisance that it does provide an effective weapon against this trade. The systematic forging of passports is a regular part of the machinery of the white slaver. If we could be sure that the passport machinery was being unsparingly used in protection of those unfortunate women and girls it would more than compensate travelers for the inevitable annoyances of the system. It could be used much more effectively than it is used today in some countries—Rumania and Poland are named in this connection—if the Governments would stiffen up their officials. To obtain such stiffening up an enlightened and active public opinion is needed.”

BOOK REVIEWS

PERSONAL REMINISCENCES OF THE ANTI-SLAVERY AND OTHER REFORMS AND REFORMERS. By Aaron M. Powell. Published by Anna Rice Powell, Plainfield, N. J., 1899. 279 p.

In the year 1851 a youth not yet nineteen years of age attended an anti-slavery meeting in New York State. Sojourner Truth, the “black sybil” of that reform, watched him from the pulpit, and coming down the aisle of the church where the meeting was held, reached out her long, bony arm, placed her big, black hand on his head, and said, “I’s been a lookin’ into your face, and I sees you, in the futur’, pleadin’ our cause.”

No prophecy of the remarkable colored woman, born a slave and emancipated when the Empire State freed all its slaves in 1827, was ever more completely fulfilled. The youth, Aaron Macy Powell, gave

up his plan for college and the teaching profession and at once took up lecturing, organizing, and working in all ways for the emancipation movement.

He served during the last ten years of that great conflict. When the Civil War took over all decisions he began his second devotion—that to the temperance cause. In the service of that cause and of prison reform, in which he was early interested, he went to Europe in 1873 and there met Josephine Butler, the centenary of whose birth will be celebrated in 1928.

This was the signal for his adopting the Social Purity work as his last and most distinctive service. The New York Committee for Abolishing the State Regulation of Vice was visited by the English workers H. J. Wilson, M.P., and the Reverend J. P. Gledstone, and the interest excited here in "The Contagious Diseases Agitation," so-called, led in 1877 to Aaron Powell's going to Europe a second time to attend the first International Congress of the British and Continental Federation for the Abolition of State Regulation of Vice.

From that time on he was the guardian spirit of the United States, working against all license or legal permission of commercialized prostitution. His devotion was unremitting and his success in winning the best men and women in different parts of the country to work with him and with Social Purity agencies for this great end was phenomenal. Always just, patient, discriminating, of unusual understanding of those from whom he differed in method and even to some extent in principle, he won and held to steady service a variety of social workers such as few leaders ever won to comradeship.

His book of "Reminiscences" is cut short as his life was—abruptly. He died in 1899 just as he concluded a speech of power and persuasiveness. His notes only slightly outlined the events of his life and work after the anti-slavery service ended. His sister, Elizabeth Powell Bond, long the Dean of Women at Swarthmore College, added the last chapters.

The book is not only a memorial of Aaron Powell but a treasury of remembrance of the great and good of the period when the United States was coming to intellectual and ethical consciousness. It is like entering a stately Temple of the Good Life to read these reminiscences. And among the noblest of the company this simple and courageous reformer is at home. The regret that he could not round out his memories and give fuller account of his manifold service to humanity

is made less poignant because of the sense these fragments give of a life bound to a completed ideal.

In all his work and in all his sacrifice, in all his achievement and in all his striving, his wife, Anna Rice Powell, kept perfect step to the same summons of that ideal of purity and of love. Hence he walked always in gracious company.

PRACTICAL METHODS IN THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES. By David Lees. New York: William Wood and Company, 1927. 605 p. \$5.00.

This compact and well written book is not intended to be a comprehensive reference work. It has been prepared as a practical help to students and practitioners who are being called upon more and more to take active part in the campaign against the spread of the venereal diseases. Accordingly, the more common manifestations of venereal diseases have been given especial attention, and the methods of treatment have been described in detail that the author has practiced with success for the past ten years in the venereal clinic of the Edinburgh Royal Infirmary. The Venereal Disease section from the Pharmacopoeia of the Royal Infirmary has been appended.

The book is divided into two equal parts. The first, with the exception of a chapter on chancroid, is devoted to various aspects of the diagnosis and treatment of syphilis. The chapter headings are: The Venereal Patient; The Diagnosis of Syphilis in its Early Stages; Technique of Collecting Specimens; Generalized Syphilis; Regional Syphilitic Lesions; The Cerebrospinal Fluid; Syphilis in Pregnancy; Congenital or Inherited Syphilis; The Treatment of Syphilis; Administration of Bismuth; Intolerance to Treatment by Arsenic and its Derivatives; Courses of Treatment; Treatment of Neurosyphilis; Treatment of Syphilis During Pregnancy; Course of Treatment for Congenital Syphilis; Chancroid or Soft Sore; The Standard of Cure in Syphilis.

The second part is devoted to gonorrhea. The chapter headings are: Anatomy of the Male Urethra; Clinical Examination of Patient; Treatment of Urethritis; Complications of Urethritis in the Genitourinary Tract (two chapters); Gonorrhea in the Female; Anatomy of the Female Genitourinary Tract; Examination of Patient; Clinical Examination of the Adult Female; Treatment in Detail; Gonorrhea in Children; Gonococcal Infection of the Eye; Gonococcal Infection in

Pregnancy and in the Puerperium; Complications of Gonorrhea met with in Both Sexes, including Metastatic Gonorrhea; Conditions met with in Association with or Simulating Gonococcal Infection; Stricture of the Urethra; The Urethroscope; Standard of Cure in Gonorrhea; Treatment of Gonorrhea by Vaccines and other Chemotherapeutic Agents.

There are eighty-seven illustrations that are, with one exception, photographs.

HARRY BEAL TORREY, M.D.

GNOCOCCAL INFECTION IN THE MALE. By Abraham L. Wolbarst, M.D.
St. Louis: C. V. Mosby Co., 1927. 237 p. \$5.50.

The chief impression created by Dr. Wolbarst's work is that he is well qualified to treat gonorrhea in men. Whenever the author speaks with his own voice, as it were, he imparts information. The young practitioner seeking experience, trying to get the "feel" of diagnosis and treatment, may very profitably digest these chapters. We find it noteworthy, for example, that he employs neoreargon for abortive treatment and recognizes the dangers of permanganate irrigations. His requirement of a 29 F. caliber for a normal urethra is high, but if an exaggeration, it is exaggeration in the right direction.

As to details, one may differ with him on many points. He follows the European practice of using vaccines during acute gonorrhea. He believes that milk injections are good for epididymitis and also uses intravenous injections of sodium iodide. Such practices are doubtless more harmful to the practitioner than to the patient; also they serve to emphasize a certain lack of good old-fashioned fundamentalism. He fails to make clear the reason why the Gram stain is no absolute criterion in gonococcus diagnosis. He thinks that urethral chancre proves aspiration of this protozoön. He does not show knowledge of why inguinal bubo is a pest in the army—indeed he states that "the inguinal glands rarely, if ever, go to suppuration." He is correct, yet not emphatic enough, on dilatation. He recognizes that "gonorrhea can be cured completely, sometimes within an incredibly short time," yet he feels that "the evidence, after all, is circumstantial; we never can be absolutely certain." Even here we feel that the practitioner harms himself more than his patient.

Yet so far all is straight and clear. What we vehemently protest is the painstaking inclusion between these covers of all the recent thera-

peutic manias (happily he brings no antiques). Caveat emptor! The added chapter, entitled "Views on Gonorrhea," by Mr. J. E. R. McDonagh, F.R.C.S., London, England, is as pithy and precise a bit of scientific jabberwocky as we have ever read.

But by their prefaces ye shall know them. "If there is any particular message which I would convey, it is that gonorrhea, considered as a pathological entity, is worthy of our most serious study and that gentleness rather than vigor in therapeutic attack is the keynote to successful results." Quite!

EDWARD L. KEYES, M.D.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

DISEASES OF THE NEWBORN. By James Burnet. New York and London: Oxford University Press, 1927. 275 p.

FAMILY DISORGANIZATION. By Ernest R. Mowrer. Chicago: University of Chicago Press, 1927. 317 p.

HEALTH TRENDS IN SECONDARY EDUCATION: Fifty-three Schools Analyze their Health Program. New York: American Child Health Association, 1927. 153 p.

HOMEMAKING, A PROFESSION FOR MEN AND WOMEN. By Elizabeth and Forrester Macdonald. Boston: Marshall Jones Co., 1927. 267 p.

INDUSTRIES FOR CORRECTIONAL INSTITUTIONS FOR WOMEN. Report of a Survey made by the Committee on the Care and Training of Delinquent Women and Girls of the National Committee on Prisons and Prison Labor. New York: 1927. 144 p.

JUVENILE COURTS IN THE UNITED STATES. By Herbert H. Lou. Chapel Hill: University of North Carolina Press, 1927. 277 p.

NORMAL MIDWIFERY FOR MIDWIVES AND NURSES. By G. W. Theobald. New York and London: Oxford University Press, 1927. 258 p.

OUTLINES IN HEALTH EDUCATION FOR WOMEN. By Gertrude Bilhuber and Idabelle Post. New York: A. S. Barnes & Co., 1927. 192 p.

THE PROMOTION OF THE WELFARE AND HYGIENE OF MATERNITY AND INFANCY. Children's Bureau, United States Department of Labor. Washington: United States Government Printing Office, 1927. 95 p.

THE RIGHT TO BE HAPPY. By Mrs. Bertrand Russell. New York: Harper & Bros., 1927. 295 p.

SOCIAL ASPECTS OF THE BUSINESS CYCLE. By Dorothy Swaine Thomas. New York: Alfred A. Knopf, 1927. 217 p.

- THE SOCIAL THEORIES OF L. T. HOBHOUSE. By Hugh Carter. Chapel Hill: University of North Carolina Press, 1927. 137 p.
- THIRTY-THIRD ANNUAL REPORT OF THE NATIONAL LEAGUE OF NURSING EDUCATION, 1927. New York: National League of Nursing Education, 1927. 292 p.
- WHAT EVERY GIRL SHOULD KNOW. By Margaret H. Sanger. Girard, Kansas: Haldeman-Julius Co., 1926. 64 p.
- WHAT I BELIEVE. By William J. Robinson, M.D. New York: Eugenics Publishing Co., 1927. 298 p.
- WHAT SHALL THE PUBLIC SCHOOLS DO FOR THE FEEBLE-MINDED? By Guy Pratt Davis. Cambridge: Harvard University Press, 1927. 225 p.
- THE WOMAN A MAN MARRIES. By Victor Cox Pedersen. New York: George H. Doran Co., 1927. 276 p.
- WOMEN AND LOVE. By Bernard A. Bauer. New York: Boni & Liveright, 1927. 2 vols. 353 and 396 p.

BRIEFER COMMENT

- CITY HEALTH ADMINISTRATION. By Carl E. McCombs. New York: Macmillan, 1927. 524 p. \$5.50.

The book is divided into three parts. The first deals with municipal health functions, the second with the organization and administration of sickness prevention, health officer, prevention and control of disease, vital statistics, child hygiene and public health nursing, public health education, the relation of municipal health service to other official and unofficial health agencies. The third part deals with the organization and administration of sickness treatment, the municipal program of sickness care, hospital management and administration. There is a full index to subjects.

- CRIME AND THE CRIMINAL. By Philip A. Parsons. New York: Alfred A. Knopf, 1926. 387 p. \$3.00.

The author's aim was to prepare a treatise that would interest the general public and meet the needs of the college student as well. He traces the development of criminal theory, theological, speculative, and scientific, in order to account for remnants of these types of thought in popular conception of the subject. In these pages will be found much enlightenment concerning the practices now in vogue and concrete suggestions for future work.

- THE IMMORAL REVOLT. By George M. Coffin. Putnam, Conn.: The Author, n. d. 18 p. Gratis.

The author says of this pamphlet that it was printed with the single purpose of portraying the existence of serious social conditions which should demand the careful consideration of parents, clergymen, teachers of youth, and all others interested in clean living.

- NORMAL MIDWIFERY FOR MIDWIVES AND NURSES. By G. W. Theobald. London: Oxford University Press, 1927. 258 p.

The author aimed to offer a single book which would contain all the theory

that it is reasonable to expect a midwife to know in order to practice in England. The book contains many illustrations.

YOUR NERVOUS CHILD. By Erwin Wexberg. Translated from the German by Walter Beran Wolfe. New York: A. & C. Boni, 1927. 178 p. \$1.75.

This book, which is intended to guide parents and teachers in dealing with the nervous child, is based upon facts and experiences gained from the child guidance clinics of Vienna. "The nervous child," says the translator, "is the child who has lost courage to fight his way through, or is struggling along the wrong road."

ASSOCIATION FOR MORAL AND SOCIAL HYGIENE: Twelfth report. April 1st, 1926-March 31st, 1927. London: Association, 1927. 46 p.

Progress was made during the year in the "Public Place" Bill which has long been under consideration. The publicity given to the bill has been successful in making people think about street solicitation and prostitution from a new angle.

In addition to the report of the work done by the Association during the year, is the announcement of the appointment of a committee to organize the Centenary celebration of the birth of Mrs. Josephine Butler.

AN INTRODUCTION TO THE STUDY OF EXPERIMENTAL MEDICINE. By Claude Bernard. Translated by Henry C. Greene. New York: Macmillan, 1927. 226 p.

An English translation of the work which was published in French in 1865. The principles of experimental medicine are explained from the viewpoint of physiology, pathology, and medicine and the difficulties considered first by experimental reasoning and then in the practice of experimentation. Part one deals with experimental reasoning, part two with experimentation with living beings, and part three with the application of the experimental method to the study of vital phenomena.

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CONTINENCE IN RELATION TO SOCIAL HYGIENE

A STATEMENT PREPARED BY THE BRITISH SOCIAL HYGIENE
COMMITTEE AND ADOPTED BY THE BRITISH SOCIAL
HYGIENE COUNCIL AT THEIR MEETING ON
MARCH 22, 1926 *

GENERAL STATEMENT

The British Social Hygiene Council are of opinion that:

- (1) In the interests of the race and of the individual it is essential that the stability of the family in marriage should be preserved, and social habits and customs should be adjusted to this end.
- (2) There is overwhelming evidence that irregular sex relations, whether in married or unmarried, lead to physical, mental, and social harm.
- (3) There is no evidence either from physiology or from experience that for the unmarried sexual intercourse is a necessity for the maintenance of physical health.
- (4) There is no evidence either from psychology or from experience that for the unmarried sexual intercourse is a necessity for the maintenance of mental health.

A. MEMORANDUM

1. For some time it has been realized that the advances in physiology and psychology, as bearing on sex life in mankind,

* This statement of British authorities is published here in the belief that many students of social hygiene in the United States will find it stimulating to further thought and expression of opinion.

render it desirable to restate the teaching of science in regard to the reaction of sexual continence on personal well-being.

2. In presenting the statement and the evidence prepared by expert members of the Social Hygiene Committee it has been thought desirable to make the following remarks on the subject from the standpoint of organized social life.

3. The problems of sex are inseparably bound up with those of social life. From earliest times sex relations have been guided and controlled by custom, and in all communities as civilization has advanced, some of these customs have been embodied in legally imposed limitations. By the majority in each community these restrictions have been accepted as necessary, and have in the course of time been extended to the prohibition and punishment of such crimes as incest, homosexuality, bigamy, any sexual relations below certain ages, procuration, and so on.

4. The realizable ideal of monogamous family life has been generally accepted in this country, and is maintained not only by custom, but also increasingly by legal enactment.

We regard stable family life as essential to the welfare of the race, and consider that all extra-marital relations in their very nature are a direct attack on marriage and the family, and should be regarded as such by the community. This does not preclude the consideration of reforms of the marriage laws in this country, as, for instance, those recommended by the Royal Commission on Divorce. That this ideal of celibacy and monogamy is practicable is evidenced by the fact that in this country it is the actual life of a large part of the community. Nor is it unreasonable to require the practice of this ideal, in view of the momentous consequences to the social fabric of departure from it. That the limitations of sex relationships involved in this ideal can now also be commended on the basis of biological teaching is indicated in the memoranda.*

5. A grave consequence of irregular sex relationships has been the devastating prevalence of venereal diseases. These

* The technical memoranda are published in "Foundations of Social Hygiene," issued by the British Social Hygiene Council, Carteret House, Carteret Street, S. W. 1. Price 2s. 6d.

would completely disappear in a couple of generations, given universal compliance with the ideal standard of conduct. At present these diseases are among the chief causes of death, are responsible for a high proportion of the total occupants of lunatic asylums, and for vast suffering in the innocent as well as in those who incur the direct consequences of their own conduct.

6. We anticipate the time when the moral pressure of public opinion, reinforced by the conscience of the individual, will insist on the presumption that when there is marital infidelity, or when marriage takes place in the absence of previous chastity, the moral culpability is as great in a man as in a woman. The integrity of family life requires this equally high standard; and it will, we are confident, be increasingly demanded.

7. We recognize that the present disparity in number of men and women raises in this generation exceptional difficulties, but these difficulties do not justify any social recognition of modification of the basic standard.

8. The widespread knowledge of contraceptives has partially removed from both sexes an important restraining influence on the side of continence, and it is this fact, as well as our advance in biological knowledge, which has appeared to render the publication of this considered statement desirable. We do not regard the fear of pregnancy or disease as an adequate motive for continence, and we do not regret that extra-marital chastity must in future depend more and more upon basic ideals of life, rather than upon fear of consequences.

9. We are fully aware that the standards of conduct embodied in the preceding paragraphs necessitate abstention from sexual intercourse during part of each individual's adult life; and this gives added importance to the fact that this basis of conduct in its application to personal life receives support from modern physiology and psychology.

10. Experience over long ages has shown that extra-marital sexual indulgence promotes irresponsibility and is not infrequently followed by sexual excesses and perversions. In such

cases there ensues individual demoralization, with decadence of the community when these practices are widespread.

11. In promoting the advance of social morality and hygiene importance must always attach to the following among other considerations:

12. It is necessary that all young persons should be taught the elements of biology, including physiology and hygiene, thus cultivating that individual self-respect which comes from such knowledge.

13. We regard it as fundamentally important that both parents and teachers should also know the elements of biology, including psychology, as bearing on character; and that thus character training should become as important a part of home life and school work as the training of intelligence. In this connection we would emphasize the value of more adequate facilities for both physical and mental recreation, and for all measures aiding in the control and sublimation of passion in adolescence and early adult life, among which adequate recreation, exercise and work, moderation in food and abstinence from stimulants play an important part.

14. For the majority of young persons, who are guided less by reason than by ideals and practical aims, we urge the cultivation of competitive athletics, as giving the strongest motive for physical fitness and the surest diversion from the sexual instinct.

15. We urge the necessity of studying the problems of housing, of emigration, of incidence of taxation, of restrictions imposed on marriage in certain employments, and of accepted standards of comfort, with a special view to the adoption of measures facilitating earlier marriage and making family life more universally attainable.

16. There is needed, furthermore, an increasing realization that society stands for the claims of posterity, and that each man and woman may have the moral responsibility for passing on undimmed the lamp of life.

17. We urge the importance of the cultivation of public opinion in favor of an elevated view of the sexual functions

and of the idealization of love, and of appeals to self-respect and to the sense of right to this end. From the personal standpoint illicit relations, particularly if they are furtive and irresponsible, prevent sex from taking its due place as the physical basis of ideal love. It is to be hoped that in future all illicit relations, whether before or after marriage, will be recognized as contrary to man's higher nature.

18. We recognize, finally, that individual hardship must continue to arise for those who desire marriage, but for whom it may remain impracticable. The welfare of organized society, and in the end of each individual, impels us to advocate this basic standard. The community has reason to appreciate and value highly the sacrifice of those who in such circumstances adhere to this standard.

B. A MEMORANDUM ON CONTINENCE, chiefly from the standpoint of PHYSIOLOGY, in process of being signed
by Physiologists.

SEXUAL CONTINENCE FROM THE STANDPOINT OF PHYSIOLOGY

Modern physiological development has emphasized, in the individual, the dual function of the essential reproductive glands, *i.e.*, the testis and the ovary. In each case two distinctive secretions are formed:

- (1) The external secretion, containing the spermatazoön or ovum.
- (2) The internal secretion, which, like the internal secretions from other organs and glands of the body, passes either directly or indirectly into the general blood-circulatory system and has, as yet, little understood effect upon the workings of other organs and tissues. These internal secretions are responsible for the secondary sexual characteristics which normally develop at puberty.

The sex "appetite" has, in the past, been too loosely classified with the other appetites—hunger, thirst, etc. It is impor-

tant to emphasize the basic difference. The function of reproduction, while essential for the maintenance of the race, is not essential to the maintenance of the existence or the reactions of the individual organism, whereas the satisfaction of the other appetites is. Apart from this function, the physiological importance of the reproductive glands lies in their coöperation in the communal life of the various parts of the body, this being effected by the internal secretions. The external secretion can be suppressed without interfering with this coöperation. There is no definite physiological evidence to prove that the control of the sexual function in either sex, *i.e.*, partial or complete continence, results in any harmful effect upon the normal physiological activities of the organism.

There is no physiological basis for the oft-repeated (but irresponsible) assertion that sexual intercourse is essential for the maintenance of the healthy metabolisms of the normal organism. Nocturnal emissions are physiologically normal, and there is no scientific evidence to show that these produce any harmful effects upon the general metabolism of the individual experiencing them.

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C. A MEMORANDUM ON CONTINENCE, chiefly from the standpoint of PSYCHOLOGY, in process of being signed
by Psychologists.

SEXUAL CONTINENCE FROM THE STANDPOINT OF PSYCHOLOGY

It is commonly believed that sexual continence tends to produce disordered mental conditions, a belief which may have arisen in part from the supposed greater frequency of neuroses amongst unmarried people, and in part because Psychoanalysts (*i.e.*, the strict followers of Freud) have taught that psychoneuroses are always due to sexual "repression." Although there is an element of truth in both these statements they are often misinterpreted and misunderstood.

It is therefore desirable to restate the matter.

1. MARRIAGE AS THE IDEAL

We regard marriage which gives an opportunity for the full expression of the sexual instincts in love for the partner, and of the parental instincts in devotion and care for the children, as psychologically the healthiest life for the average individual, man or woman.

2. SEXUAL RESTRAINT

There is, however, no evidence to lead us to believe that ordinary restraint of natural sexual impulses produces any psychological abnormality. Indeed there are many men and women whose daily experience proves that it is perfectly possible for even highly sexed individuals to remain continent before marriage, without any abnormal psychological effects.

The belief that sexual continence in itself leads to nervous disorders is refuted by the experience of married people whose work or occupation keeps them for long periods away from their partner's society, *e.g.*, Arctic explorers and whalers, not to mention convicts. There is no evidence that continence, lasting sometimes for years, produces any neurotic symptoms

in these men; indeed such men while continent are extraordinarily fit.

It is true that if the sexual instinct is strongly and persistently aroused without finding satisfaction a condition of "morbid anxiety" sometimes occurs—as when a married couple with normal sex feelings sleep together, but for prudential or other reasons, deny themselves sex relations. Under these conditions continence for many persons may be psychologically ill-advised. The abnormality in such a case results from the fact that the instinctive impulse is excessively stimulated without finding adequate outlet and expression. This state of morbid anxiety may obviously be prevented, as for instance by (a) removing the embargo—giving full expression to love in normal sex relations; (b) removing the stimulus, *e.g.*, by the husband and wife occupying separate rooms; or (c) by adopting other means which will from the psychological point of view obviate the strain; in one or another of these ways the balance between the stimulus and expression may be restored.

In the case of the unmarried these conditions do not prevail, for normally there is not the same intimacy of relation and therefore not the same strong and continuous arousal of the sex instinct. It is, therefore, quite consistent to demand complete continence before marriage, whilst ordinarily denying its advisability in married life.

A distressed state of mind similar to that of the "anxiety" state amongst the married, may, however, arise amongst the unmarried if they continually subject themselves or are subjected to over-stimulation of their sex instincts, whether from plays, books, or amusements, or if they are without opportunity for sublimation of their normal sex instincts. If young men and women persistently indulge their sex phantasies they must expect to be the victims of acute moral and psychological distress. The arousal of these passions without satisfaction produces psychic tension, and the strain of keeping in check

highly stimulated and pent-up feeling is similar to the strain of battle in which fear is continually aroused without finding an outlet.

In both instances emotional excitement and morbid anxiety are liable to result.

But this result may be minimized by the avoidance of excessive stimulation of sexual desire, or by the provision of healthful opportunities for the maintenance of balance between stimulus and expression; the sexual instinct then assuming normal proportions.

The real harm, whether amongst the married or unmarried, comes, not from the restraint of normal sex desires, but from the frustration of a natural instinctive impulse artificially stimulated beyond the means of healthy control.

3. SEXUAL REPRESSION AND PSYCHONEUROSES

That "sexual repression" may sometimes cause psychoneuroses (hysteria, obsessions, etc.) few psychotherapists would deny. But it is not generally understood that the psychoanalyst uses "repression" in a purely technical sense, and that what he calls "repression" is not what the layman means in his use of that term, as synonymous with restraint. The psychoanalyst does not mean that psychoneurosis occurs because an adult restrains his fully-formed sex passions. What he says is that because of abnormal conditions in early childhood the sexual instincts have never fully developed into their adult form; that is to say, these instincts have not undergone normal development in early childhood and therefore remain as "unconscious wishes" which persist and emerge later in one form or another of neurotic disorder.

What the psychoanalyst means when he says that psychoneuroses are due to "sexual repression" is something very different from saying that they are due to sexual restraint. No responsible psychoanalyst would maintain that the suppression of his sexual impulses could produce a psycho-

neurosis in an otherwise healthy person. The basis of the neuroses has been laid down in early childhood, as indicated above, and even the "repression" itself is a completely unconscious process, not a conscious process like that of the suppression of impulses such as anger, fear, or sex, of which we are completely aware, and which we necessarily restrain every day of our lives. The appeal which some make to the "New Psychology" in defense of incontinence is therefore without foundation and is based on ignorance or misconception of what psychology really teaches.

There are some, it is true, more outside than inside the ranks of psychotherapists, who advocate sexual relations as the most direct method of liberating these repressed instincts; but this view, far from being necessary to psychotherapy, is discouraged not only by Freud, but also by the most prominent psychotherapists of other schools of thought.

4. CELIBACY AND NERVOUS DISORDERS

It *may* be true that unmarried people are more prone to "nervous" breakdown than married—whether this is actually the case we are not in a position to say. If it be so, it is certainly not due solely, as we have already explained, to the mere restraint of *normal* sex desires. Rather we should say that because the woman with strong normal sex instincts is more likely to get married than the one with "sexual repression," this leaves among the unmarried more of those with "sexual repression," and therefore prone to nervous disorders. It would not, therefore, be surprising if we were to find more psychoneuroses amongst the unmarried. There are, on the other hand, numbers of healthy unmarried women who have normal sex desires, but who have satisfactorily sublimated these and adopt a healthy attitude of mind towards life.

This argument applies even more to men than to women. It is much truer to say in general that the man who remains

celibate is unmarried because he is neurotic, than that he is neurotic because he is unmarried, or has otherwise denied himself sex satisfaction.

5. TEMPERAMENTAL DIFFERENCES IN SEX

There seems to be no doubt that people differ very considerably, physically, in the strength and vigor of their sexual instincts, this depending on physiological factors such as the activity of the endocrine glands, which play an important part in the psychological make-up of the individual. Some are less strongly endowed with sex feelings, whereas in others these feelings are very potent. There is little difficulty for persons of the first type whether married or unmarried to restrain themselves, whereas others may feel that some sexual expression is an imperative necessity; and to them continence entails considerable hardship. It is unjust that we should judge the latter without understanding their difference in temperament. The main problem of continence refers especially to these highly sexed individuals, but for everybody it is a real problem, requiring instruction, guidance, and self-control.

For those with vigorous physical sexuality, the hardship can be diminished, without resorting to promiscuity or any other form of incontinence, in two ways: *First*, by regarding the condition as temporary, for difficulties are much easier to bear when we realize that they will soon terminate. If men or women look forward to getting married, it will be much easier to remain chaste; they will restrain themselves in this as they do in their other passions and desires. *Secondly*, by the pursuit of activities, ideals and ambitions which will serve both as an outlet for personal energies, and incidentally promote the earlier possibility of marriage.

We have confined ourselves in this statement to the psychological point of view and have not dealt with the moral and

social aspects, which nevertheless we regard as no less important.

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YOU ARE HIS MOTHER NOW!*

JOHN PALMER GAVIT

This is my text—from a letter:

“Isn't it wonderful that I am going to be a mother?—in just a few weeks now—mother of a dear little baby of my own. I have wanted one so much, ever since I was a little girl. You know how I have always loved children. Remember the times we talked about it, and you were so anxious to have me take the kindergarten training? I wanted to so much, but I couldn't; Daddy and Mother couldn't see any sense in the idea, said I wouldn't ever need to be a school-ma'am, and all that. I wish now more than ever that I had. I feel so ignorant and helpless. But I'm just as happy as I can be, and I'm going to do my best to have the finest baby in the world. I do hope the first one will be a boy! I am being very careful of my health, not to over-do, and to wear the right things and eat the right

* This and the following article, copyrighted 1927 by John Palmer Gavit and the Parents' Publishing Association, are from the August and September, 1927, issues of "*Children, The Magazine for Parents*," and are here reprinted by permission of both author and publisher. All rights reserved.

food, and get the right exercise and everything—just as the doctor says.

“Only three months more, and then you must come to see my baby, for then he will be *real* and not just a happy dream. Won’t it be fun to nurse him, as I mean to do, and feel his dear little head on my arm, and watch him grow and learn things. Fancy me—only twenty—going to be a mother!”

* * * * *

My very dear girl:

It is hard for me to realize, glad as I am about the news that you send me, that motherhood, the most wonderful opportunity in all the world, has come to you—to the girl who so short a while ago used to ride upon my shoulder, clutching the hair I had in those days, and kicking me in the ribs to make me trot faster. I was glad you weren’t wearing spurs! Perhaps I shall not be too old and decrepit to be horse again when *your* baby is big enough to ride as you did upon my willing shoulder.

When I was urging you to take the course in kindergarten I had no notion that you would ever need to practice it professionally. But I did know that you intended to be a teacher, the most important teacher of all—a mother. Every mother is a teacher of *some* kind; most of them, however well-intending, are ignorant teachers, getting such training as they ever have at the expense of their children, and often doing very great and terrible damage to the unfortunate lives upon which they make their experiments.

“Going to be a mother,” you say. Why, God bless you, my dear girl, you are not *going to be* a mother—you are a mother *now*, as much a mother as you will be three months hence, when your baby lies in your arms. “Just a happy dream”—don’t you believe any such thing. That baby is just as real now as he ever will be. And whether a boy or a girl is a thing long ago decided, beyond any wish of yours, by factors about which very little is known.

Real—I should say so! When that baby was only seven weeks old, he was fully two inches tall, with skull and brain, dainty traceries of bone in arms and legs already formed, and organs that have been functioning and developing ever since. By now he is practically full-size, physically complete in every essential. His quota of nerve cells, and the essential structure of his brain, are now complete. Even if born now, he might, with extraordinarily tender and skillful care, live and grow up to normal manhood.

I hope you will both desire and be able to nurse him. Normally, the best food for a baby is his own mother's milk. But, however that may be, never forget that you are nursing him *now*; not at regular fixed intervals as you will after he is born, but every minute of your life, constantly, with your own blood. Very little is known about the *way* in which the essential things in solution in the mother's blood, actually are made available for the unborn child. The scientists and doctors are still disputing about it. That is nothing for you to worry about, and this is not an essay in physiology. But it is well-known now that great emotions, anger, fear, and sorrow, produce perceptible, chemically measurable changes in the blood. I have lately read reports of experiments showing that excessive sound-waves actually reduce the number of red corpuscles in the blood, causing symptoms of fatigue and mental depression. It is no fantastic inference from these facts to believe that *every* shade of emotion and experience is reflected in the blood-quality, in the only agency by which your baby is receiving his sustenance. Upon its wholesomeness, sufficiency, and constituency depend in great measure the health, physical and mental, of both of you—*together*.

More than food for his body he is getting from you, hour by hour, minute by minute. He is getting *thoughts*, as really as, even if more subtly than, he will get them bye-and-bye, when you try to give them to him by spoken words. Nobody knows

in the least what "thought" is; but I have no doubt that in this, perhaps the most fundamentally impressionable period of his whole life, it is beginning to make its record in the primary connections and habits of that wonderful switchboard called the brain, which must already be functioning in some measure. Dr. Arnold Gesell, in his "Mental Growth of the Pre-School Child," declares that the mental development of a baby "becomes somewhat less elusive" if we make allowance for what the brain has been acquiring in the period preceding his birth. Your conduct and your surroundings are influencing your baby *now*, in vital because fundamental ways. More perhaps than ever afterward, so far as you are concerned, he is being educated by what you do and what you are. I often wonder, when I hear parents trying to account for apparently inexplicable traits and tendencies in their children, and finally attributing them to "heredity," whether these traits may not go back to things in that period before birth, of which so little account is taken. You say you are carefully choosing your food. Are you as carefully choosing your thoughts, your emotions, your experiences of sight and sound? See how important it is that you should be happy, serene of mind, and taking in so far as possible only helpful impressions from people and things. Are you already teaching your child, by something more potent and direct than example, self-command, composure, truthfulness, and sweetness of outlook upon the world?

You are thinking, no doubt, that when your baby is "born," as they call it, you will begin to have him. No, my dear, that is not how it is. On the contrary, that will be, not your first meeting, but your *first separation*! Then will begin his free and independent experience, which you can only guide—well or ill. This matter of guidance is very difficult. There are the intervening influences of others; the million-and-one impressions, of most of which you will be totally ignorant or oblivious. Then he will begin to go away from you, and you never again will have him to yourself, as you have him now. Until he is born he is yours almost entirely; you are the only

environment with which he is in constant, direct, and conscious contact. Conscious? Certainly—up to the measure of his enlarging experience. I need not remind you that weeks ago he began to move his limbs in response to impressions of some sort; already he is plainly aware of physical discomfort. When he is born you will be astonished and delighted to see how much he can do, how many of his muscles are already within a degree of control. The simplest movement of arm or leg involves a tremendously intricate nervous and muscular coördination. He can taste and smell already, knows how to suck with lips and tongue; he can feel; amazingly soon he can hear and master the direction of his eyes. And you may be sure that from its beginning that little brain has been receiving impressions *from and through you*, registering them in the beginnings of true memory, and taking shape under their impact and influence. That is the beginning of character.

I do not believe—I repudiate and deny with scorn—the dictum fashionable just now that when a child is born his intellectual limitations are already inexorably fixed. But assume it is true; how did the child get that way? He has been in the world, *learning*, for nine months. We know nothing of origins. It is the vogue just now to cloak our complete ignorance under patter about “heredity,” though the confidence of science on that subject is visibly slipping. Perhaps out of the depths of the past, from among the uncountable billions of his ancestry and yours, your child has brought along with him things beyond your control. I do not know anything about that. But I do know that you have no right to attribute *anything* to heredity unless and until you have exhausted your own resources of pains and attention and study, of self-denial and wisdom, in establishing and maintaining the best possible environment, beginning with the qualities and self-restraints of your own self—your baby’s present sphere of being.

You are no longer free, to go and come, to feel and think and do, to please yourself. By your own affirmative act you have summoned a new personality into being, and you are

responsible now, up to the measure of your knowledge and capacity, for what he is, does, and becomes. It will be at best hard enough. No matter how well you do, no matter what pains you take to know what to do and how to do it, there will be still a wide margin of ignorance, mistake, maladjustment. But you must do the best you can. To-day you are doing to him and in him things which will color his life to its last day, and the lives of his children after him. No matter how much money you have, you cannot delegate this job. Motherhood cannot be bought, or hired. If you do not do it yourself, it simply will not get done. Nobody can do it but you.

What might your child, *this* child, now under your heart, become? The most wonderful mother I know, who took a long training before she was willing to have a child, said to me once, when her baby was just about as old as yours is now:

“I suppose the mother of Jesus thought of her child as just ‘the baby I am going to have.’ ”

Who knows what *any* child may become? Who can say what the world may receive from the baby whose mother you are? How much that depends upon *you*!

TO AN EXPECTANT FATHER

JOHN PALMER GAVIT

Already I can hear you cheering—rah, rah, rah! Here’s another candidate for dear old Chicago, or Yale, or Harvard, or California—whatever may have been that incomparable *alma mater*, which you know to be incomparable because you honored it by at least your physical presence.

“Going to be a father within six months,” you say in your exuberant letter.

What do you mean—“going to be?” There’s no “going to be” about it. You are a father *now*; as much a father as ever you will be, with present duties and responsibilities already overdue and drawing interest. You won’t begin six months from now; you began three months ago, when of your own

volition and choice (as I hope) you summoned into earthly existence a new personality—a welcome child.

It wouldn't surprise me to learn that already you have written to your old school, and to your college, entering your "son" for the classes of 1945 and 1949 respectively, with the secret hope and intention that "he" shall be ready for college at least a year earlier; though I do not recall anything in your own educational career on which to base any such expectation—from the point of view of heredity!

You hope, perhaps, that in intellectual prowess this youngster will "take after his mother," who was, as you freely concede, more conscientious and industrious in educational activities than you. Well, there may be something in that. But suppose that this child shouldn't be a boy at all. What then? Have you entered "her" for at least as early classes at Vassar or Smith, Bryn Mawr or Wellesley or Mount Holyoke, Mills, or what not other woman's college; or in some co-educational university will the entry serve, in either event? If it be a girl, will you wash your hands of her and leave all that business to her mother? I've known just that to happen, and seen a father wake up to the existence of his daughter long after they had drifted hopelessly apart.

Within yourself you are vowing that this child—let's hope, if it is any special comfort to you, that your first is a boy—shall have the benefit of every chance and encouragement to be better than you, even if you really aren't a bad sort, as fathers go. You will see to that; you will give him the benefit of your experience and wisdom. From the pedestal of imputed omniscience which by common consent fathers have occupied ever since the Ark ran aground, you will hand down "the dope" which you have been acquiring all these years by trial and error—mostly error. And of course he will pay due heed and mend *your* ways. Just about as you have heeded and improved upon the similar wisdom of those who used to tell you what was what. Yes, he will, just about.

What if he doesn't? For one trifling example, suppose he

shouldn't want to go to "your" school or college at all. What if he should not want to succeed to your business, or prepare for or follow the profession to which you may have elected him. Perish the thought of any such heresy! But, believe me, that will not be the only instance of heresy on his part. How will you stand the discovery that he is not your property, but a separate independent individual, with tastes, aptitudes, choices, determinations, destinies of his very own; that you cannot, and ought not to desire to bend him to your will; that your sole business with reference to him is to help him to make the most of *himself*? Are you big enough, wise enough, for that large order?

But you desire, naturally and commendably, as all good fathers do and should, to have a part, a helpful and constructive, rather than an interfering or repressive part, in the making of him mentally and spiritually, as already you have had a part in the making of him physically. Indeed, you will play such a part, for good or ill, whether you wish to or not, by act and omission, by mingled wisdom and ignorance. Try as you may, you will not know, alas, until it is too late to do anything about it, whether you have done well or made a mess of it. That is the awful thing about fathering. Fortunately, normal children have a fashion of coming through astonishingly well in the main, despite the mistakes of well-meaning parents. You can do only the best you know.

It is the knowing that matters. It is rarely a gift of the gods, though once in a purple moon a woman, once in a bunch of golden ones a man, seems to be born with the instinct for it. If you are not one of those, you are at this moment as well qualified to guide the life of a child as you are to perform a major operation in surgery. You don't feel really qualified to begin the cultivation of orchids, do you? You would not approach the culture of orchids with a lot of notions from your inner consciousness about orchid-culture. Ideas of your own based upon only routine success in raising cabbages? Well, a child is an infinitely more delicate and difficult proposition

than any orchid that ever grew. If you think your own elders made certain mistakes or delinquencies in dealing with you—why do you suppose they made them? Out of sheer malice? You know better. They did the best they knew, never having studied this most difficult trade of parenthood.

For it is a thing to be studied, and it will be as much your business as your wife's to study it; to learn all you can of child-nature, of things to be done and avoided, if your experience with your child is to be a mutual blessing and a mutual delight.

There is a little time yet, before you will begin to influence *directly* the life of this baby. Indirectly, you are influencing it now, in ways exceedingly important, though subtle and imperceptible. If you ever have seen a child, developed say two months or even less, *in utero*, you will have observed a perfectly recognizable human being, with skull and skeleton, and I dare say a complete outfit of internal organs, already evident. A completely differentiated person, definitely expressing individual life and development in this mundane sphere; with a brain, perhaps a measure of self-consciousness, already receiving impressions. Every hour, every minute, this child is being molded in fundamental ways of *character*. By the time he is born, his education will be under way, in some respects perhaps irrevocably settled. Whatever environment, including yourself, does for him thereafter, must be done to that character which is already being formed.

A woman "with child," as the ancient saying is, is an extremely delicate and impressionable organism, physically, mentally, spiritually. Often she suffers bodily discomforts, possibly persistent nausea or other disagreeable and sometimes painful sensations and disabilities. Many a woman ordinarily notably calm and poised will be at this period oversensitive, temperamental, and "difficult." Before her is an ordeal of a kind beyond any man's imagining—even of real danger to her life. In the best conditions, she is carrying on alone and at her own expense an exceedingly trying and peril-

ous proceeding, involving in its possibilities not only her own health and that of her child, but the happiness of *all three* of you. She needs and deserves every possible consideration and tenderness at the hands of those about her. *Especially at yours.*

This is the time for you to show whether you really love her. She is sizing you up now as she never did before, for what you really are . . . finding out, for instance, whether you are emotionally a man, or only an undeveloped, undisciplined child in a man's body. Your patience, your understanding, your self-restraint, your love—or their failures at this crisis—are fixing your real values in her eyes for all time to come.

Moreover, your contributions now to her peace of mind—not to mention the ways in which you spare her physically by what you may do and refrain from doing—are investments in the child, upon whose life they inexorably react. I know a man who exuberantly started a bank account for the benefit of his first baby as soon as he knew that it was on the way; but it never occurred to him to deposit a fund of gentleness and consideration to the baby's credit, in the place where it would do him the most good!

So it is of enormous importance what you do to *her* at this critical period in the life of both of these persons whom you declare to be so dear to you; whether you do *to him through her* things which may mark him for life, even though never afterward you can identify them. Already you are a mightily real factor in the life of this child concerning whom you are dreaming your dream of fatherhood.

What, by the way, is your ideal of fatherhood? It will be well for you to look that question in the face. How, if at all, will you improve upon your own father, and the fathers that you see about you? Will your relations with your children be like those of a dog with a litter of his puppies, or are you preparing your soul for the job? Believe me, this is a thing that takes "some doing!"

When this child is placed in your arms, it will be your first

meeting. It will be his first *separation* from his mother, as he leaves her to take his increasingly separate place in the world. He is hers now, as he never will be again. It will be a very delicate situation, calling for all you have of tact and chivalry, to keep him coming to you, without going farther away from her.

It is a sad fact that the arrival of the first child commonly begins to separate father and mother, however much lovers and comrades they may have been before. Other children afterward accentuate the divergence. You must see to it that this does not happen in your family; that your children are not a cause of separation, but an added bond. This is a privilege that you must *share*.

Many women, beside allowing themselves to become unnecessarily buried in the duties of maternity, conceive it their right to monopolize the new baby; to tyrannize over the situation, and to elbow the father out of the picture, taking for granted the ancient mischievous notion that children are exclusively "women's business." In this largely roots the custom by which a new-made father finds himself superfluous in his own home, and takes refuge elsewhere. When this happens, he seldom returns to the old relationships.

Will you, perhaps without realizing it, be jealous—you who hitherto have been the hub of the household? Are you a selfish child whose nose will be broken when you find that a newcomer has usurped the center of the stage? Are you ready for the readjustment when the *two* become *three*? There need be no difficulty about that, if you insist and keep it in your own mind *that the three are one!* Let nothing, nobody, break that unity.

It is not enough that a baby should have a mother; he needs his father—if he is a real father—as much in the beginning as he ever will.

I fancy you thinking of this child as companion, chum, and pal—some day in the future. Good for you—go to it! Not in years to come, but right off. Out of my own experience I tell you that the extent to which you are companion, chum, and pal

during his babyhood will condition greatly the degree in which in the years to come he will be any of these things to you.

It is largely up to you. He will arrive in the world ready to make friends with those who strike him as worthy of it. It may be important, in a way, what you think of him; it will be vastly more important what he thinks of you. He will know you a great deal better than you know him—one of the most essential preoccupations of every child is the study of his parents. It is a rare parent who understands his own child.

Whether son or daughter, your child, now so near to being in your arms, will be happy, successful, proud of parents and especially of Father, largely according to the devotion and intelligence with which *you* enter upon the tremendous job which now confronts you.

A NEW INTERPRETATION OF VALENTINE'S DAY

Next to Christmas, Valentine's Day is probably the chief card-exchanging anniversary of the year. Christmas Day stands for jollity, holly wreaths, plum pudding, and presents, but it also stands for peace on earth, good will toward men, a thought for old friends, a glow of friendliness toward the world in general, and a special tenderness for little children.

Valentine's Day stands for red paper hearts and gilt cupids, pink icing on heart-shaped cookies, valentine boxes and original valentines read aloud with shouts of laughter, for large square envelopes addressed in disguised handwriting, a ring at the bell and a scamper, for lace paper and sugary sentiment and "comics" and—for anything else?

Valentines sell and postmen distribute them by the hundreds of thousands. Do they say anything?—do anything? Revive or polish up anew or crystallize or make contagious any valuable human feeling, as Christmas does? Could they? Beyond a frolic, does Valentine's Day mean anything? Could it? Without interfering with it as a childhood holiday or

spoilings its shimmering, delicate, elfin quality, could anything so playful become of constructive social value?

The General Director of The American Social Hygiene Association kept turning this question over in his thoughts underneath other more pressing and more obviously practical matters through several Februaries—turning over the valentines on the department store counters too, noticing the proportion of cards that were for children and the proportion that were for exchange of greetings between older people, grown-up or nearly or newly grown-up, watching the kinds of people who came to buy and their kinds of selections, talking with sellers and with publishers of valentines—and one winter he opened his mind to the Staff. Would it be possible, he asked, to capitalize this annual flood of cards? Are there not perhaps undeveloped possibilities in Valentine's Day? Could the Association find a ready-made opportunity there? Suppose Valentine's Day were reinterpreted, recharged with a more socially valuable vitality; suppose this annual spring freshet of cards and greetings could be made to shimmer with idealism as well as to glint with high spirits, youth and gayety; could it not contribute something toward the growth of a nobler conception of romance and love? Is it not possible that in the course of years, quietly, the day and its customs might be so guided as to become an annually recurring influence to raise the level of thought about love and lovers, about wooing and marrying and starting homes? Life is full of unregarded influences—recurrences, reminders, repetitions, deepening slowly into the familiar thought-patterns which tend to mold character and determine conduct. Valentine's Day is trivially observed, but it comes every year. Valentines carry their implications—half-noticed, perhaps, but repeated thousands and thousands of times, year after year—and the theme is love. Could old Saint Valentine be encouraged to take on a finer set of implications, tending toward thought-patterns more profitable to society?

The "Valentine Project" presented itself first both to the

General Director and to the Staff as a question. Its purpose was certainly something worth accomplishing—was indeed the same toward which the whole work of the Association is directed by many different measures—the purpose of enriching, strengthening, and cleansing human life in its sex and family relations; the ultimate purpose of improving the quality of the race. But was this one of the profitable ways? And how to go about it?

In January of 1925 a letter was drafted, considered, criticized, torn to pieces, and done over again, and at last sent out to a selected group of ministers, putting the project before them and asking their judgment. The letter follows:

May we ask the favor of your opinion in a matter in which we have become deeply interested?

It has been suggested to us that we develop a program for making Valentine's Day a real and helpful force in society. The history of the day and the various ideas and customs connected with it, especially during the middle centuries in England, offer encouraging possibilities for such a project if it can be wisely started.

This Association has been studying the question for some time, and has in mind sponsoring the plan if extensively advised to do so. There is much public clamor, perhaps unjustified, concerning the immorality of modern young people, but there is little constructive effort to build stable foundations for moral conduct. Through Valentine's Day observances there seems open to ministers, parents, teachers, and other advisers of youth an especially valuable approach to young people, and opportunity for guiding their thought toward right social conduct and high ideals of love and marriage.

Enclosed is a draft of a letter which we are considering sending to several thousand ministers under a special letterhead such as "VALENTINE'S DAY COMMITTEE, Instituted by The American Social Hygiene Association." Before taking this step, however, we are submitting the proposal to a number of ministers for advice. We are sending a blank and a return envelope for your convenience, and we shall be most grateful to receive your frank criticism of the enclosed letter and your impressions as to the desirability and feasibility of this project.

Enclosed in it was the following, proposed for later, wider distribution:

In a noteworthy book entitled "Folkways," Professor William Graham Sumner presents the view that we must recognize folkways as one of the chief forces by which a society is made to be what it is. His interesting development of this theme leads to consideration of the possibilities and methods of turning various customs to account in moulding public opinions and personal action.

In view of the alleged increase of immorality in modern life, we believe that ministers will be particularly interested in the suggestion that the customs of Valentine's Day might be turned to good account for bettering our social life, if plans for accomplishing this were wisely developed and gradually put into action over a period of years. Although thousands of valentines are made and sent each year, and children and young people delight in them, the ideas and customs of the day are at present undirected, and of somewhat doubtful value.

Sumner says that mores may be gradually modified by the introduction of slight variations in the prevailing ways of doing things. Would not right suggestions and encouragement from parents and teachers readily influence children to make and send valentines which carry the spirit of chivalry, of fine ideals of friendship, of family affection, and of general kindness? Could not clergymen effectively influence young people and adults by making the week of St. Valentine's Day the occasion for a sermon and inspirational talks on the meaning of love and marriage as great social and moral forces? The story of St. Valentine's Day seems to offer an annual opportunity for these and many other approaches to youth in the difficult field of right social conduct.

This letter is being sent to you and a number of other ministers and educators who, it is believed, will give this proposal their sympathetic consideration. If you would like to try out the possibilities for utilizing Valentine's Day along these lines this year in your community, the Committee will be glad to place at your disposal its facilities for supplying you with data regarding the history and customs of the day, bibliographies, and other useful material.

Will you not give us your comments and return the enclosed blank?

Two hundred of these letters were sent out. Most of them went to clergymen in or near New York, although a number went to New England, a few as far as Chicago, and a few to persons other than ministers, men and women whose experience in educational or social work made their judgment particularly desirable. Each enclosed a stamped, addressed envelope for reply, and a "blank for comment." The blank had two questions:

(1) Does the idea of planning to direct the customs and observances of Valentine's Day toward results of greater value to society appeal to you?

(2) Do you wish a bibliography and data regarding the history and customs of the day sent to you for possible use during the week of February 8th-15th this year?

Below were invitingly generous spaces for "Criticism of the project" and for "Remarks, suggestions, etc." Meanwhile the offered bibliography and a collection of excerpts from discussions of Valentine's Day and from articles concerning its history and traditions, showing the dignity and sweetness it used to have in old English custom, were compiled in the library—ten mimeographed pages.

The two hundred letters were mailed on January 24th and 26th. By February 6th, 74 replies had come; by the 20th, 90. Anyone who has ever had anything to do with a questionnaire—even with return envelopes enclosed—will know that this is a rather remarkable proportion. The letters were sent to a rather remarkable group, outstanding persons. Of course the opinions were not all the same nor all favorable, but of those who answered 80 per cent expressed approval; most of the remaining 20 per cent either doubted whether the project would get coöperation, or reserved their judgment, thinking everything depended on how the details were worked out. Only four of the reply sheets which came back expressed disapproval. One was returned blank. The replies are very interesting reading—thoughtful, suggestive, extremely valuable guidance to the committee into whose hands the project

had now been given over—and certainly they were an encouragement to go on.

It is a temptation to quote largely—the comments are so various and so good. Some only express sympathy; some make suggestions, sound warnings, offer help in disseminating the idea. A few are only repressive in tone, condemning silly and bad valentines and thinking somebody ought to do something, probably the law. A few others are willing to snatch at anything, despairing of present tendencies in society and particularly among the young. But by far the most of the 90 who took the trouble to answer the letter wrote from half a page to a page of thoughtful, constructive consideration of the idea, putting questions, pointing out difficulties, thinking it out on various lines. “I am in hearty accord with your proposed movement and shall coöperate to the full extent of my ability with it”—this is a rather typical opening sentence; the same letter ends typically with suggesting other persons to whom it would be well to write “to get these splendid organizations behind the movement.”

That the idea made more than a moment's impression showed in a reply which came in weeks after the 14th of February:

This is a sadly belated answer to a worth-while letter. I did not preach on the subject at the time, but it made a deep impression upon me. You are on the right track. Your effort deserves encouragement. I expect to give the subject its due consideration another year. Thank you.

One of the ministers writes:

It suggests to me the flavor of publicity stuff, rather than a serious effort to meet a situation.

but another:

If wisely conducted, such a movement might have real and growing value. I have an impression that it would have to be done somewhat quietly and that over much publicity would endanger it. It is just the sort of movement that could readily be made to appear

ridiculous, no matter how fine the motives and intentions might be of those who launched it. Properly safeguarded at that point, I think it would be worth while.

Seeing the same danger, still another says:

It will need wise direction to keep many from making it a farcical matter, I should guess, but it occurs to me that not only the sermons and addresses might be helpful, but perhaps pageants and plays and games, etc., for the observance of the Day itself by young people might be prepared so that they would do much to correct the careless tendencies.

And another, ready for immediate action, wrote:

I wonder if you could send me some suggestions for the use of the young people at a Valentine Social.

This comment gave the committee pleasure:

I have nothing but favorable criticism to make. I will especially commend the modest way in which you approach the subject, offering a valuable suggestion to ministers and educators, rather than asking their assent to a program that some one may have decided to promote. If you are satisfied to make a small beginning and then as you say "see this gradually put into action over a period of years," I believe you will really be starting something for salvaging an existing institution which has often been corrupted to vile purposes but has inherent in it such beautiful thought as to make it susceptible to the holiest of purposes.

This is emphatic on the other side:

There is already too much muddling and meddling with the personal lives of the people. Somebody ever stands ready to spin a constricting web about somebody else. Give us a breathing spell.

In contrast, see this:

The Christian Church is either ignorant of these great social problems or our ministry is afraid to attack the great social evils in a scientific, organized, aggressive manner. A large number of preachers are uninformed; they do not seem to think that it is necessary to acquaint themselves thoroughly with the source and course of the great evils which are slowly but surely playing havoc

with our society and civilization. Perhaps they are patiently waiting for God in some miraculous manner to get this old world right. They shall wait in vain.

Many of the replies pointed out the danger of overloading ministers with special "days."

They are surfeited with requests of this kind for nearly every Sunday of the year.

Special days tend to professionalize causes. "Mother's Day," for example, has become Florist's Day.

On the other hand, one sheet carried this:

There is a novelty about your idea, and at the same time a practical value, that makes it very attractive. To take this occasion, usually treated in either a silly or a vulgar way, and make it contribute toward a better understanding of such moral forces as love and marriage—that is really a stroke of genius!

Another brought this:

I am a good deal impressed by your plan to use Valentine's Day for developing a serious program of observance which will serve as a real and helpful force in society. You should have every confidence in the success of your plan in view of what has been accomplished in our time in the transformation of the 4th of July. A few years ago that was a day of barbarism—now it is a day of high public usefulness and inspiration.

A minister who had himself "for a long while been in a spirit of protest against the multiplication of different days, claiming all the Sundays of the year for this and that propaganda," and who thought "this represents a general attitude of mind quite prevalent among the ministers," nevertheless concluded, "but this is different and you have started wisely. Go to it."

Almost all of those who pointed out this particular danger spoke of it as something to be kept in mind, a pitfall to be avoided by wise planning, rather than as a reason against going on. However, the embarrassing multiplication of days was evidently a point that needed to be considered. One

comment summed it up with a moderation and a sympathy which the committee appreciated:

There is a growing resentment on the part of the Church, especially the Churches who follow a regular liturgical practice in regard to the Church year, of having all sorts of outside organizations making suggestions to them as to what they should propagate or teach at certain seasons of the year. If all these various suggestions were followed there would not be enough Sundays in the year to carry out the plans. If I were in your place I would offer to be of help in this matter to any one who desires to take it up and suggest that a psychological moment might be around Valentine's Day. To liturgical Churches this would be impracticable on certain years, inasmuch as it would interfere with the Lenten program when Easter comes early. I am only throwing this out as a matter of caution, inasmuch as I believe very thoroughly in your project.

One or two replies question whether Valentine's Day is popular enough, or whether it has body enough, to carry any such serious effort. Some ask, "What is being done at the source—the publishers? More could be done by means of a direct approach to the makers of valentines than by any other means." "Can the Government Postal Department help by restrictions?" Some suggest that the subject be handled by church societies, Young People's Societies; by appeal to religious education directors, young people's leaders. "Would *The Christian Herald* take an article? They reach a constituency that could not be enlisted in any other way." "Why not communicate with school authorities also?" "It would seem to me that you might well suggest to ministers that they could use this week to treat certain of the subjects suggested quite as effectively in Young People's Discussion Groups, in what are commonly called Communicants' Classes, etc., and with a chance for the question and answer 'come-back' that is impossible with a sermon directed at the subject from the pulpit. The young people are the ones to reach, and they are perfectly willing to discuss the matters involved, and would welcome the chance." "I can bring the subject in in

some way, possibly in the Children's Talk. We have about one hundred children in our Go-To-Church Band who come to church for the opening service. Then we have a vested choir of young people about one hundred in number. I'd like to imbue them all with the spirit of chivalry and fine ideals."

Another letter was sent out later to 150 teachers, most of them of primary or lower grammar grades in or near New York. About two thirds were teachers of drawing. Because so many schools are making skillful use of Christmas, Thanksgiving, Hallowe'en, and Valentine's Day as motives for drawing lessons, the committee thought it would be valuable not only to see how the idea of reinterpreting Valentine's Day would appeal to teachers but to get the benefit of their observations as to what kind or degree of significance children are now attaching to valentine customs.

These letters would have been more useful if they had gone earlier. Valentine's Day was already over, its interest for the year was supplanted by other interests, and replies, though generally favorable, were few (14 per cent). The sample valentines made by children which some of the teachers were so kind as to send and the things they wrote about the ones children buy suggested that the verses are a very unimportant part. "They like movables and lacy ones. They are not much interested in putting on words." "They like to make them and are much more careful than with a regular directed drawing lesson because this is real life to them." They buy "those that are bright and pretty," "highly colored ones and those that have movable parts," "anything that arouses their laughter or that appeals in color and form . . . I don't think they attach much importance to the sentiment." But the reply last quoted goes on, "I think sentiment in human relations needs education as much as loyalty and patriotism and a day on the calendar devoted to it would encourage the proper growth."

One teacher criticized the plan emphatically from a point of view which had not emerged in any of the letters before. "I

am not very sympathetic," she wrote, "with your movement as I understand it. I look with horror at a didactic assault on St. Valentine. Do leave him alone. First it was Santa Claus, then Mother Goose, and now St. Valentine. What next? It is a drab, unimaginative world in which some of us would box the delicate fancy of childhood."

The committee recognized in this an important warning. Still, they reflected, there is Christmas. Santa Claus is a jolly old saint, not a twinkle less merry because it is the eve of the birthday of Christ when he climbs down the chimney. Christmas trees are as bright as Yule logs. "Silent Night" and "Oh, Little Town of Bethlehem" are beautiful and beloved songs and certainly fit quite as well with Merry Christmas as "The Boar's Head in Hand I Bring," old though its lineage and jolly its banqueting. Here again, they thought, was a challenge, not a barrier. There is no inherent reason why fairy tales and fine seriousness should hurt each other or why high aspiration should not fit with delicate and playful imaginings. The letter, the committee concluded, touched a danger certainly earnestly to be avoided, but avoidable.

During the ten days before Valentine's Day 1925, a study was made of valentines in the market. The committee and other members of the staff of the Association, both executive and clerical, bought valentines, trying to make a selection which should be fairly typical in range and quality, to buy in stores widely scattered geographically and various in character, and to notice other purchasers—their choice, their comments, and what sort of people they were. Analysis of the 250 valentines bought and the accompanying comments showed the following types:

I. Valentines made for little children.

Lace paper, or brightly printed decoration in the lace-paper style. Made in large quantities to be bought for 1c or 2c, occasionally more, by children of about 5-10 years. They are rather crude in coloring but almost always innocent and rather pretty.

Elaborate lace ones, made for adults to buy for children, at prices ranging from 25c to \$1.00 or more. Frequent and a good deal bought. They have the same innocence and the same intention to be marvellous and pretty.

Movables, cut-outs, and surprises; valentines that do something.

II. Valentines for any age. Generally a good type, appealing to genuine affection or admiration, and high-minded. Among these some are penny post-cards, rather cheap in design but well meant.

III. Family or friendship greetings. Generally a good type; some commonplace, many having real charm in both verse and decoration.

IV. For younger adolescents. In this group there is a wide divergence. The range is about as follows:

1. Happy, tender, sugar sentiment; innocent, carrying over to a later age the same quality that is in the valentines for little children.

2. Chivalry; sentiment, touched with humor; sentiment with modern conveniences (radio, etc.); burlesque of sentiment, jolly, but without coarseness.

3. "Stunt" cards, cut-outs, movies. No sentiment at all. Influence of "the funnies" strong.

4. Spooning. These differ greatly in quality, ranging from graceful and artistic to ugly and coarse, but all foster an irresponsible and self-indulgent idea of sex.

5. The cheap domestic appeal; the "vamp"; the husband-hunter; insult, under cover of anonymity—the "comic."

V. For later adolescence, or older people playing at adolescence. Of the 250 valentines brought in, 83 fell in this group, distributed as follows:

- | | |
|---|----|
| 1. Pleasant valentine sentiment, genuine in feeling; traditionally sentimental; innocent and (in intention, at least) pretty; some with literary quality..... | 18 |
| 2. Primarily sentimental, touched with humor, or slightly affected by undesirable sex consciousness..... | 5 |
| 3. Primarily humorous but not objectionable..... | 4 |
| 4. Burlesque or poseur sentiment..... | 5 |
| 5. Coarsely humorous | 51 |

Of the 51 in this last group, 8 were sneers at the husband-hunter, the "vamp," the "old maid"; 1 at prohibition; 2 at the wife-

hunter, or domesticity on a low plane; 10 were based on some vicious sex appeal; 18 more were some form of cynical sex jest or in some way dealt with the sex game; 8 depended for their humor wholly on a suggestive phrase or picture; 4 were anonymous insults in the manner of the old "comic."

While this study is far from having been complete enough to establish conclusions, it strongly suggests several. Valentines meant for and bought by little children are innocent and pretty. As the senders or receivers grow older, the valentines divide into two kinds, (1) the friendship greeting, which stays amiable and sincere in sentiment and has beauty for its intention; and (2) the sweetheart cards, of which a small minority still keep the childhood quality of guileless sentimentality, and the very large majority turn the valentine sentiment into joking. The influence of "funny paper" art and of the vaudeville ideal—the startling and unexpected rather than the beautiful—is very marked. A few of the joking kind have real humor and are jolly without being coarse, unkind, or ugly; very many more jest unpleasantly, and these have all gradations down to the old, hideous, cheaply printed penny sheet. It is not in all stores, by any means, but not very hard to find. A modern equivalent has the same sort of brutal picture and verse printed on a penny post-card.

This probably means, or at least suggests, several things. Young America quickly grows afraid to show sentiment, and laughs instead. Love making is generally regarded as a subject for jesting—when custom permits. A large proportion of the sweetheart valentines bought after early childhood reflect a low-minded attitude toward the whole realm of sex-attraction, marriage, and domestic life. Off-color, harsh, and jazz-pitched humor is easier to produce than real humor, and sells better.

On the other hand, Valentine's Day as an occasion for interchange of pretty, affectionate greetings among friends other than sweethearts has evidently been fostered by card manufacturers and dealers, and has assumed large proportions.

By the time Valentine's Day 1926 was approaching the committee had decided to address 2,000 ministers, letting the approach by way of the schools and by way of publishers wait for the present. With the generous help of the office of the Federal Council of Churches a list was made, scattering over the whole United States, including different denominations, and representing both large cities and small communities. A new letter was prepared in the light of the comments of 1925. It began with a very brief statement of what had been done the previous year, and went on as follows:

This letter is being sent this year to 2000 ministers to whom the Valentine's Day Committee is now turning for further advice and suggestion. Do you think that Valentine's Day can be utilized as an occasion to promote the awakening of the people of the churches, and particularly the young people, to a higher realization of what love, courtship, marriage, and family ties mean in the life of the world?

Probably never was there a time when young people were more interested in the realities of religion than now. But never were they more impatient of anything in the name of religion which seems to them unsubstantiated, or which exercises any restraint which they do not see is soundly based. They are experimenting widely, sometimes recklessly, in an attempt to test and settle standards as to the terms on which boys and girls meet, the freedom they may take, just as some of their elders are experimenting as to the permanence of marriage ties, the ease of divorce. Here they are touching great central forces of human life—the love which unites man and woman and founds families—the impatience of restraint which is often the reason for failure. Probably never have young people been more in need of guidance at this point, or more difficult to guide, or, under their independent exterior, more eager for some clear direction. It is within the possibilities of the church to exercise a tremendous influence here, or to lose an extraordinary opportunity.

The inquiries of this Committee have shown that Valentine's Day is one of the three great card-exchanging days of the year, and that publishers as well as distributors are eager for suggestions. The theme of these cards, however loftily or basely handled, is at bottom

love, marriage, and parenthood. Will you join in working out the possibilities for making the day an annually recurring opportunity for some inspiring utterance to raise the level of thought of which these cards are the expression? This year St. Valentine's Day falls on Sunday. Do you think many clergymen could be encouraged to include some reference to the importance and ideals of love and marriage in their sermons on that date or during the week?

Then, as before, the letter offered bibliographical material and invited comment.

Over 500 replies came. The heartily approving answers were 353, the heartily disapproving 21. Of the rest, 88 expressed approval without adding any other comment; 26 reserved judgment, wanting to know more about the plans or to give the matter more thought before expressing an opinion; 28 were sceptical or uninterested; and 7 blanks requested the offered material but gave no clue to what their writers thought.

Because the replies of 1925 have already been quoted at such length and because these ran through somewhat the same range, it is better not to give extracts from the 1926 collection beyond a phrase here and there, typical of the most frequently recurring note. "Your ideas are new to me," says letter after letter, "and I think them to be as fine as they are new." "I had not previously thought of making use of this day in this way." "I am marking it in my calendar for consideration as next February approaches." "Why have I never thought of it before?"

One thing that made the 1926 letters especially interesting to the committee was that a number of ministers sent in abstracts of sermons, outlines of sermons, church calendars containing extracts from the bibliographical material sent them or announcements of coming talks upon the Valentine's Day theme, newspaper reports of sermons preached, whole manuscripts of sermons, accounts of uses they had made of the theme in other ways than sermons or at other times than on Sunday morning. The committee regretted that it was not

possible to write individual acknowledgments of all these letters commensurate with its real appreciation of them or with the valuable suggestions gleaned from them. It hopes that some of their generous senders will read here an added, though belated, thanks.

The new step in 1927 was a valentine. By permission of Mr. Maxfield Parrish, the artist, and of the National Academy of Design, the owner, a photograph was made from a painting, "Saint Valentine," and by permission of Dr. David Starr Jordan a paragraph which he wrote some years ago and titled "Your After Self" was used for text. With these a valentine was made bearing greetings from the American Social Hygiene Association. Copies went to all members and collaborating members of the Association, to all ministers on the 1925 and 1926 lists, and to a further list including church publications, educators, national and local officials of the National Congress of Parents and Teachers, the Women's Christian Temperance Union, and the General Federation of Women's Clubs, Secretaries of the Young Men's and Young Women's Christian Associations, and others. With each went a letter again briefly summarizing the Valentine's Day study and saying, "We send our valentine in the hope that you will read it, and, understanding what our motive and hope is for this day, will like to pass it on to some boy or girl whom you know. If you are in a position to put it before a group of young people by placing it on a bulletin board in a church or school, or in the meeting rooms of a boys' or girls' club, you will be doing a greater service." The letter offered additional copies.

Requests came in a flood. The edition of 10,000 was exhausted immediately. A rush order was sent to the printer for 5,000 more, and these were exhausted. Numbers asked for varied from one to 200. One letter inquired about the possibility of getting 1,000. "If there is a charge I will be glad to pay for them," wrote many. "Send seventy-five at once and bill us accordingly." "How much are they a hun-

dred? But do not wait to write. Please send them with bill and I will remit immediately." Requests were telegraphed.

The letters which came in comment on the valentine were enthusiastic and many. Hundreds of persons wrote. Here and there, of course, was a dissenting voice. Curiously, almost no letter was wholly disapproving, and almost every disapproving one picked out as the one unpardonable aspect of an effort in some respects good, something which another disapproving letter had especially commended.

Dr. Jordan's paragraph was written originally for boys. To adapt it for girls a few words were changed, with his permission, and both versions were used on different valentines. People to whom the one for boys had been sent wrote asking whether the Association knew of anything like it for girls. Others who had seen only the one for girls wished something equally fine for boys might be made.

It is impossible to quote at all adequately from the 1927 letters—impossible to do more than summarize. Additional copies were asked for by churches and Sunday schools; by policewomen and nurses; by high schools and ministers; for distribution in classes in biology, hygiene, English, ethics, mothercraft; for the officers of a high school student association; for a state conference of physical education teachers; to be posted in Young Men's and Young Women's Christian Associations; to be posted in the government hotels in Washington "where more than 1,000 women are housed"; for enclosure in the Valentine's Day issue of a State Library publication; to "interest members of our Sex Education League in promoting this work"; by a Hospital Social Service Worker to distribute among patients; by an Assessor of Incomes to "pass out to the different troops of Boy and Girl Scouts"; by W. C. T. U. officials "to use over the state in our Young People's Branches" and "to print in our little state paper." Permission was asked to reprint in church papers in Pennsylvania and Oregon, in the magazine of the Life Extension Institute, "with a little statement made up from your circular

announcements, because we feel that the idea will interest our readers"; in the print shop of a State Teachers' College. A Dean of Women wanted some for the college sororities. A Community Chest asked for more. "I am delighted beyond measure with it," wrote the President of a State Branch of the Congress of Parents and Teachers; "I can easily place 50 such valentines on the bulletin boards of the schools of our state and it will be my pleasure to do so." "If I had had it earlier," wrote the Commissioner of a State Department of Health, "I would have used it as the basis of one of my weekly health messages, which is given wide publicity in this state." A medical officer of health in England believes that "this Committee's work is along the lines most likely to strike a responsive chord among our young people, bewildered and confused as many of them are at this present time by the extremists who have perfect confidence in them and the others who have no confidence in them at all." A public library could use "fifty copies to post in our various branches and stations, and we are thinking of having an illuminated text for the Central Building." The young secretary of a high school class wrote, "Our Freshman Civics class is very much interested in the new valentine idea which you have advertised. We think it is excellent and hope that other schools will hear of it and benefit by it. We could use 35 copies." *Facts and Factors*, published by the Massachusetts Federation of Churches, made the valentine the occasion for calling attention for the second time to the project. A California minister wrote, "Your invasion of St. Valentine's Day with these noble and chivalric ideals is a stroke of genius." One letter quoted a second-year high school boy,— "Mother, where did you get this valentine? It is wonderful. Can you get me one for Frank (his chum)?"— and a stenographer, a girl,— "This is the nicest valentine I've ever seen. If I had seen them in time I'd like to have sent one to every boy I know." A Rabbi telegraphed, "Rush 100."

This summary is the 1928 next step. The Valentine's Day Committee intends to mail reprints to its now long list of

friendly collaborators who have helped so much both with the encouragement they have given and with the fault they have found. If any who read the reprints with interest feel disposed to call the Valentine Project to the attention of editors of other journals, or the bibliographical material to the attention of anyone who would like a copy, once more the committee would appreciate their aid.

Perhaps nothing would more appropriately conclude this report than the text of the valentine itself. Familiar though it already is to members of the Association, it is repeated here because it expresses the aspiration to which St. Valentine's Day might ring a clear annual summons and reminder for all spirited and gallant youth.

So live that your after self—the man you ought to be—may in his time be possible and actual. Far away in the thirties, the forties, the fifties of the Twentieth Century, he is awaiting his turn. His body, his brain, his soul are in your boyish hands. He cannot help himself. What will you leave for him? Will it be a brain unspoiled by lust or dissipation, a mind trained to think and act, a nervous system true as a dial in its response to the truth about you? Will you, Boy of To-day, let him come as a man among men in his time, or will you throw away his inheritance before he has had the chance to touch it? Will you let him come, taking your place, gaining through your experience, happy in your friendships, hallowed through your joys, building on them his own, or will you fling his hope away, decreeing wanton-like that the man you might have been shall never be?

EDITORIAL

IS MONOGAMY AT THE CROSS ROADS?

Divorce statistics, like disease statistics, may be played up so strongly by press, platform, and pulpit as to obscure the more important data and figures dealing with the contented family. Desertion, cruelty, adultery—these are news; the living together, happily, of man, wife, and their children is so much of a commonplace that it seldom is commented on save to give an occasional brief paragraph to a golden wedding anniversary.

This great majority of marriages, the ones that last, are not entered into on a basis of temporary bargaining; they are "for keeps." The partners did not arrive at a mere faint-hearted agreement to live together only while the road was smooth and straight, but to help each other over hill and dale, through marsh and fen, on easy-traveled main roads or around rough and dangerous detours until death parted them. They did not marry with their fingers crossed as have some of the recent newspaper headliners, who frankly avow their purpose of giving marriage a "fair trial" and then seeking release through divorce if their union "doesn't work." Whether these marital gamblers contemplate parenthood or not it would seem that their attitude of being willing to "try anything once" is hardly the most helpful one in which to approach the question. It considers marriage too much as a lottery and not enough in its more basic position as a life business or profession.

But those who talk so loudly and at length on free love, trial marriage, and "companionates" get publicity space out of all proportion to their numbers and importance. And, in this connection, we still await a concise, definite, and understandable statement of what a real "companionate" is!

There seem to be almost as many varieties as there are persons who wish to broadcast their views on the matter. As for the definitions, they range all the way from an attempted legal sanction of the institution of the "mistress" down to what seems to contemplate a very usual form of Kansas marriage to be followed, possibly, by an ordinary divorce.

In the meantime, however, and despite the noise and hulla-balloo incident to the exploitation of this newest of catch words, monogamic marriage entered into with sincerity, earnestness, honesty, and intelligence, continues to be the dependable anchor for matrimonial voyagers who seek to preserve mutual confidence and happiness. It reminds us in a way of William Graham Sumner's "Forgotten Man" concerning whom William Feather says in the *Evening Post* (N. Y. Dec. 9): "'The Forgotten Man' is that person who does an honest day's work, pays his bills, brings up three or four children, indulges himself in a pipe or an occasional cigar, keeps up a small savings account, never asks for charity from any one, never gets into trouble with the police, never makes a speech or writes a letter to the editor—in short, he's the individual who keeps going on his own momentum, good times, bad times, or indifferent times.

"When the hat is passed around for the down-and-outers the Forgotten Man chips in his mite.

"The tax gatherer visits the Forgotten Man regularly and collects toll for the upkeep of the police courts, jails, work-houses, and poorhouses—none of which the Forgotten Man ever uses.

"Hundreds of social agencies exist for the improvement of the human race, but the Forgotten Man is never included in their surveys.

"He is self-supporting, self-starting, self-sufficient, and being so, he is counted in on nothing except the census.

"But in that document he cuts a big figure because he probably forms the vast majority."

SOCIAL HYGIENE BULLETIN

*Continuing the SOCIAL HYGIENE BULLETIN which was published
as a separate monthly periodical from 1914 to
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Reported Cases of Venereal Diseases.—The number of reported cases of syphilis and gonorrhea in New York State in September, 1927, was greater by twenty-two hundred than the monthly average for the preceding five years. This statement is made in *Health News*, the bulletin of the New York State Department of Health.

Testing a New Drug in Syphilis Treatment.—Under the title, "Bismuth Arsphenamine Sulphonate," the *Journal of the American Medical Association* for October 29 publishes some "Clinical observations on a new arsphenamine synthetic in the treatment of syphilis," by John H. Stokes, M.D., and Stanley O. Chambers, M.D. The paper gives an account of two years' experience with bismuth arsphenamine sulphonate, submitted for clinical testing by its originator. The drug "has a theoretical arsenic content of 17.2 per cent and a bismuth content of 31.7 per cent, but in actual practice, according to its originator, Dr. Raiziss, the arsenic content varies from 12 to 15 per cent and the bismuth from 23 to 25 per cent." The technic of injection, tests showed, should be epifascial, for "deep intramuscular injection, as is sometimes seen in the case of bismuth, may cause prolonged pain without corresponding infiltration." In 4,200 injections Dr. Stokes and Dr. Chambers report no cases of primary exfoliative dermatitis. One case which showed a dermatitis from arsphenamine cleared up while treatment was continued with bismuth arsphenamine sulphonate.

"The trend of syphilotherapy," say the writers of the paper, "is toward a much-to-be-desired simplification. The lineaments of the ideal anti-syphilitic medicament, too, are slowly emerging from the

haze that has overhung the battlefield of syphilology during the past two eventful decades." Therein lies one interest of the new drug.

Decline in Suicides among Adolescents.—The Children's Bureau calls attention to figures compiled last winter from the records of the industrial policyholders of the Metropolitan Life Insurance Company showing that, contrary to popular belief, suicides among adolescents are actually on the decline. Statistics for the period 1909–1924 from the 10 original registration states show that the death rate from suicide for persons of all ages has been steadily decreasing. The rate was found to vary for the different age groups, the most rapid rate of decrease being for the age group 10 to 19.

The Home the Foundation.—When the World Federation of Education Associations recommended observance of "education week" throughout the world in November, the National Education Association and the American Legion, joining in making suggestions for its observance in America, set aside one day of the week for Home and School Day, with the central thought that "the home is the most fundamental institution among civilized people."

The Budapest Medical Congress.—The Fifth International Congress for Industrial Accidents and Occupational Diseases is to be held in Budapest during September, 1928. Addresses by a number of prominent Europeans are already scheduled. The National Committee for the United States announces that addresses and lectures are wanted from American physicians, dentists, and other specialists in the field, and invites correspondence on the subject, which should be addressed to the Chairman for the United States, Dr. Emery R. Hayhurst, Hamilton Hall, Ohio State University, Columbus, Ohio. General invitation is also extended to attend the Congress which will be arranged so as to coördinate with the "Deutscher Naturforscher Tag" to be held in Hamburg, and the "Orthopädenkongress" to be held at Prague during the month of September, 1928.

Cuba to Draft Juvenile Court Bill.—Decision to draft a bill to create juvenile courts in Cuba has been announced by the committee on social reforms of the House of Representatives of Cuba. Methods used in other places will be studied, especially those of the courts of

Philadelphia, Washington, and New York.—*Weekly Notes on Child Welfare Topics, U. S. Children's Bureau.*

Are They Incompatible?—Dr. H. S. Jennings, Director of the Zoölogical Laboratory of Johns Hopkins University, discussed before the twenty-third annual meeting of the National Tuberculosis Association a question with which public health and social workers and research scientists have lately been assailed—"Public Health Progress and Race Progress—Are They Incompatible?" Does their work tend ultimately toward destroying the race? Is it true that "by protecting us from our enemies the bacteria and the viruses, by removing the sources of disease," these earnest people are diligently "promoting the survival of the unfit; progressively filling the race with the weak and the degenerate, who must hand on their weakness and degeneracy to their descendants?" His answer is that all organisms for a hundred million years have been doing the same thing; that this is life—a struggle for existence—adjusting the organism to the environment. Defective genes, he points out, exist not only in defective individuals but, unrecognized, in countless normal individuals. "Most gene defects are recessive; they are therefore carried by ten times as many healthy individuals, not showing the defects, as by individuals in which the defects are manifest." Therefore the remedy must lie not in allowing the manifestly defective to die as speedily as nature determines unaided by science, but when they are known to be carriers of seriously defective genes, in bringing them to cease propagation. The whole subject, which Doctor Jennings looks at in many aspects, involves problems so complex and so difficult that to solve them "genetics must advance far beyond its present point. For no scientific advance is there greater need."

The paper, published in the *Journal of Outdoor Life* for September, is now available as a reprint, distributed by the National Tuberculosis Association, 370 Seventh Avenue, New York City.

Child Labor Day, 1928.—The twenty-first annual observance of Child Labor Day will occur on January 28th in synagogues, January 29th in churches, and January 30th in schools and clubs, "to make known the facts of child labor and to demand their correction." Posters, leaflets for distribution, and program material are being furnished without charge by the National Child Labor Committee, 215 Fourth Avenue, New York City.

Sanction of Commercialized Vice in Japan.—A strong protest against the sanction of commercialized vice was voiced by Iichiro Tokutomi, prominent Japanese writer and editor, in an article in a recent issue of the *Japan Times and Mail*.

The writer expressed his regret that Japan and Siam gave only conditional consent to a treaty prohibiting traffic in women and children in the League of Nations Assembly. Twenty-three other nations signed this treaty without reservation.

Mr. Tokutomi makes a sweeping condemnation of public officials who are indifferent to social conditions. He continues:

“A politician is usually allowed by general sanction to engage himself in foul practices simply because he is a politician, whereas it is the business of politicians to clean up all social evils and ills, instead of plunging into the depths of filth and dirty intrigues. We must destroy this sort of mistaken attitude.

“Another bad point about our present world is that everybody has become so deeply steeped in utilitarian principles. Everything is measured and settled in accordance with these principles. I do not say that the principles are entirely wrong, but I do think that it is a mistake to take this as a criterion for everything. That gives a pretext for many foul practices, immoral institutions, and unjust measures to exist.”

Our great problem to-day, Mr. Tokutomi believes, is the struggle between justice and utilitarianism. Each tries to carry out its aims at the sacrifice of the other. Justice, he insists, looks toward the happiness of all men and society under all circumstances.

“Those who support the institution of public prostitution or traffic in women do so on the pretext that it is a necessary evil or that it is convenient to have,” he says. “If justice is the true goal of all politics, what politician can say that this institution is justifiable and should be allowed to continue?

“There are various arguments which our opponents are likely to put up for defending their case. But if we are to act in accordance with the fundamental principles of justice, there is no discussion. The thing must be stopped at once. Traffic in women should not be allowed, should not be recognized or protected by the government. If the government protects this ignoble profession, it might just as well protect pickpocketing, robbery, murder, etc.

“Some people say that if we free public prostitutes, the private

prostitutes will increase. I do not think that argument holds water. It is undeniable that by recognizing public prostitution we have implanted in the minds of the Japanese people that it is nothing wrong or shameful to sell and buy women and children as long as a certain required procedure is gone through. We have so far allowed numerous propaganda headquarters in various parts of the country and have let them spread the false idea that bargaining chastity is perfectly all right.

"Of course, I do not say that it is perfectly permissible to abolish this system at once without compensating the owners of these houses of ill fame. That would be an injustice. The government should take proper steps in this connection but it must carry out the abolition boldly.

"The custom of keeping concubines will illustrate this point. Concubines are becoming fewer and fewer. They are not recognized publicly; they have no status in the family register. Here the law did much to eradicate from the minds of men that keeping of concubines was not an honorable thing. In this case, we did not have to wait until society became moral or clean. The same thing can be said about the other shameful institution. We do not have to wait until human beings become better inclined morally to accomplish the work. Law can do it.

"The abolishing of public prostitution needs the aid of women to a very large extent. Women must not remain indifferent to politics if they want to settle this issue. Up to the present Japanese women have been too indifferent and too silent in matters relating to political questions, thereby permitting professional men politicians to do as they pleased. Prohibition or abolition of traffic in women or any other vitally important national issues must be settled jointly by men and women. I therefore ask all women to agitate and work for the speedy enforcement of woman's enfranchisement."

Other articles on prostitution appeared in this newspaper, indicating that public attention is being directed toward the problem.

Policewomen and Public Recreation.—Recent progress in the police-woman movement is outlined in *The American City* for October in an article on "Policewomen and Public Recreation," by Helen D. Pigeon, Executive Secretary of the International Association of Policewomen.

More and more the services of policewomen are being called upon in the official supervision of dance halls, moving-picture houses, cabarets, skating-rinks, public amusement parks. "Too seldom," says Miss Pigeon, "has the average lover of 'personal liberty' been willing to afford the police the facilities and the personnel for that essential third function, the prevention of crime, just because the roots of crime are embedded in the social, and therefore personal, life of the people. But the advancement of the social sciences and research into the causes of delinquency have led to a better understanding of the intimate connection between unwholesome recreation, or the lack of recreation, and crime. A new civic consciousness has come into being and it very properly expresses itself through the policewomen's movement."

In 35 out of 40 cities addressed in a recent questionnaire, policewomen are supervising the dance halls. Their supervision includes case work with young people who are reported as in special need of protection or whose behavior has been noticed as in danger of leading to delinquency. Thus the policewomen perform a double function, having the power both to discover dangerous conditions and to secure immediate and intelligent action in individual cases. In Wichita, Kansas, a supervisor appointed by the city manager and acting under the Women's Bureau of the Police Department holds the full responsibility for licensing. Licenses are granted to individuals, not halls, so that blame can not be shifted, and the licensed individual is held responsible for physical and moral conditions in his hall. Indianapolis requires all managers of dance halls to engage matrons who have been investigated and recommended by the policewomen.

In the same questionnaire 34 of the 40 cities answering reported that moving-picture houses are regularly visited by policewomen. Burlesque shows, too, have been put under their supervision; they are armed with power to revoke licenses or even to arrest offenders on the stage. "This led one chastened manager to engage his shows from a more innocuous circuit, and to his surprise his business immediately improved, since it happened to fill a long-felt want among the women for good vaudeville at the matinee. Gradually the word is going around that the policewomen mean business when they demand clean shows, and the managers take the pains to instruct the performers as soon as they arrive."

Social Hygiene as News.—That the old time ban is lifting is illustrated in a few days' inflow of newspapers. Among them are *The*

Tribune of Tulsa, Oklahoma, containing an editorial on the need of support for venereal disease clinics; the *Tribune* of Cheyenne, Wyoming, with a "Health Talks" column devoted to hereditary syphilis; an item from the *Journal* of Eaton Rapids, Michigan, under the head "Social Diseases Lead in Michigan," giving a column of statistics compiled by the State Department of Health and calling emphatic attention to the number of cases of syphilis, gonorrhea, and chaneroid; in the *Times* of Erie, Pennsylvania, under the two-column head "Social Hygiene Work Supported by Chest," an article by the President of the Erie Social Hygiene Association on the work of the Association "in aiding the reduction of sexual diseases"; and an extended account in the *Review* of Riverhead, New York, of a health talk broadcast by Dr. Albert Pfeiffer, Director of the Division of Social Hygiene of the State Department of Health, quoting from Dr. Pfeiffer, "The diseases which have the most devastating influence on the race, which are the causes of the most sociologic and economic disturbance due to their pernicious and far-reaching influence on youth, are the so-called social diseases, in medical parlance gonorrhea and syphilis."

Brazil Urges Voluntary Clinic Attendance.—The Bureau of Venereal Disease Prophylaxis has installed in almost all of the states of Brazil dispensaries for the diagnosis and early treatment of the infected. A special group of health visitors urges prostitutes, especially those who have been diagnosed as in the contagious stage, to accept treatment in special dispensaries. In an article on "Health Services Development in Brazil" in the October issue of *The Nation's Health*, Dr. Clementino Fraga, Director of the National Department of Health, Rio de Janeiro, says that "without official regulation of this problem better results are being obtained than in many countries where prostitution is controlled by statute."

Milbank Memorial Fund.—An interesting fact made public recently by the report of the Milbank Memorial Fund is that at least half of the residents of Cattaraugus County have had a physical examination through one channel or another, between January, 1923, and January, 1927. This includes the examinations given by private physicians. Of these, six thousand persons, or eight per cent of the population, were examined for tuberculosis specifically; two thousand of these were reexamined.

ASSOCIATION NOTES

The annual business meeting of the Association will be held in the Hotel Pennsylvania in New York City on January 21, 1928. The program will follow the general plan of last year's meeting. A morning session will be given to transacting the official business; that is, to the election of the general officers of the Association and seven directors, with such other business as may be necessary, and to general discussion of policies and matters of special interest relative to the work of the Association. At one o'clock members and guests of the Association will gather for a luncheon, to be followed by addresses and discussions.

On Friday, January 20th, the Association will keep open house at 370 Seventh Avenue for its members from other cities, particularly the representatives of other social hygiene associations and societies, and less formal discussions and conferences will take place.

* * * *

Fitting sex-character training into its place in schools and colleges is a problem upon which the Association has for several years been engaged. As one aspect of the general plan, Mr. Franklin O. Nichols, Negro member of the staff, has been working and advising with various communities and institutions whose large Negro population makes them particularly valuable as places in which to make a demonstration of method and whose progressive educational policy welcomes coöperation and promises success.

The first objective has been to so dignify the subject of sex education in the eyes of educators that it shall be treated as a part of general education. Dr. Galloway, Mr. Nichols, and other staff members have given many lectures and courses of lectures to students with this purpose, including in their audiences the student bodies of colleges, normal schools, and summer courses.

Hampton Institute, Virginia, was the first institution in the country to develop in a summer school for Negro teachers a full six weeks' course in sex education with credit for teachers' certificates. Mr. Nichols gave the course in Hampton in two successive summers.

Beside Hampton, Howard University in Washington, D. C., offers similarly accredited summer courses in sex education, and the Alabama State Normal College for Negroes will begin courses in the summer of 1928.

From this grew the idea of developing sex education courses in the regular academic year. Round table discussions for seniors have been introduced into the Negro normal schools of North Carolina and Washington, D. C. The North Carolina State Department of Public Instruction has appointed three committees and Washington one, that is, a committee for each of four Negro normal schools, to coöperate in outlining for each school a curriculum which will give proper consideration to the pedagogy of sex education. Curricula outlined by these several committees are being worked over by Mr. Nichols and other members of the Association's staff, the resulting draft to be criticized and redrafted by committee and Association by turns. Among the four plans it is hoped that one will be developed sufficiently typical to be recommended to other institutions as a sound course in preparation for marriage and parenthood, to be used with whatever modifications are necessary for local adjustment. An important function of such courses will be to afford a training for future Deans of Men and Deans of Women, to equip them for advising students in relation to their sex problems.

* * * *

The *Woman Citizen* has started in its November issue a "Coöperative Service" to acquaint its public with the national organizations working in the fields of Social Hygiene, Public Health, Child Welfare, Education, Homemaking, Industry, Politics, and International Relations. Its function will be to bring together the people who want information and the specialist organizations which have it to give. This is what it says of social hygiene:

"The work of the American Social Hygiene Association deserves far wider recognition than it has so far received, and certainly more generous support. Not only does it deal effectively with problems that are basic in our national life, but it is preëminent in this field, overlapping the work of no other organization and coöperating with governmental and voluntary organizations all over the world. Its constructive activities are mainly educational. They are designed to foster such character education and training from childhood up as shall develop correct attitudes, ideals, standards, and behavior in respect to sex in its broadest sense. Its remedial activities are aimed at securing the most wholesome social environment by the elimination of all factors which tend to weaken or destroy the home and oppose the best development of the individual. Social hygiene seeks to

preserve and strengthen the family as the basic social unit. Indirectly the organization seeks to encourage all means which tend to build up healthy, happy, and socially wholesome life."

The department is conducted by Ida Clyde Clarke.

* * * *

In an article on "Teaching With Moving Pictures in Nursing Schools and Hospitals," by Priscilla Bernard, the October issue of *The Trained Nurse and Hospital Review* calls attention to several of the American Social Hygiene Association films—"the wonderful film in four reels known as *The Gift of Life*, which shows the process of reproduction from the simplest form, the amoeba, to the human being"; *Protective Social Measures*; and *The End of the Road*, "excellent for presentation to women, . . . an introductory moving picture on venereal disease and proper hygiene."

THE FORUM

The JOURNAL will publish selected letters or excerpts considered of general interest, assuming no responsibility for the opinions expressed therein. Communications must be signed, but publication of signatures will be withheld when so requested.

To the Editor:

The October number of *The Family* quotes on its cover a saying from John Dewey which is such good and such fundamental social hygiene doctrine that I should like to see it published in the *JOURNAL*:

"To 'make others happy' except through liberating their powers and engaging them in activities that enlarge the meaning of life is to harm them and to indulge ourselves under cover of exercising a special virtue.

" . . . To foster conditions that widen the horizon of others and give them command of their own powers, so that they can find their own happiness in their own fashion, is the way of 'social' action."

J. E. M.

BOOK REVIEWS

THE COMPANIONATE MARRIAGE. By Judge Ben B. Lindsey and Wainwright Evans. New York, Boni and Liveright, 1927. 396 p. \$3.00.

Katherine and George, both under age, lived together in illicit happiness. Then they married and became miserable without delay. Katherine gave up her job and let George support her on his inadequate salary, because he was her husband. They relinquished their respective friends, because they were jealous. Over their innocent domesticity crept the blighting shadow of a marriage certificate. "Something other than their own will, in short, had entered into the union, and it pushed them apart. By the time the case reached me, it was hopeless." The judge obligingly annulled the marriage and they went off arm in arm to resume illicit happiness together. "Think of the incredible folly of a social order that would throw such loyalty and love as theirs on the scrap heap rather than give it the conditions under which it might thrive and find itself!"

There, in a nutshell, is "Judge Lindsey on Modern Marriage."

Penetrating the smoke screen of righteous indignation to find just what unspeakable crime this inhuman enemy really committed to wreck the happiness of these affectionate children, one may find oneself baffled. Who made Katherine give up her job? Respectable, bourgeois, married women have been known to work. Who made them both give up their friends? Instances have been related where husband and wife, united in the bonds of holy wedlock at the Pro-cathedral, had at least a few agreeable acquaintances outside their own home. But do not trifle with the Judge's emotions. "They loved each other; it was natural and normal that they should want each other, in a relationship that would give them the physical and spiritual union they had sought in marriage. They had desired this before, and they still desired it. It was the same mental state after the annulment as it was before. Why demand that they choke and kill it? Why not give them a way of expressing it that would be not merely socially harmless, but socially beneficial?" (p. 157). Well, why?

But not by better education. The correct answer, in 396 pages—wordy, repetitious, contradictory, slangy, vituperative, none too grammatical—is *The Companionate Marriage*.

For more than a quarter of a century Ben Lindsey has been submerged in a world where he has seen nothing but tragedy, mostly sexual tragedy. His reaction to this, strongly colored by his warm sympathy, his feeling of omnipotence as a judge, and the lack of any deep-rooted antipathy to the limelight, must find an outlet. He wants to do something, but, ignorant alike of biology and history, and a superficial thinker, he can discover nothing better than the time-honored American panacea—"pass a law about it." Three of them, to be exact. (1) Legalize Birth Control (he reverently uses capital letters whenever he mentions these awful words); (2) give quick, cheap divorce to childless couples, not only at their mutual desire, but at the desire of either one against the wishes of the other; (3) regulate property rights in divorce, ordinarily allowing no alimony—this feature like all other matters pertaining to the divorce being independent of lawyers and left to the sole discretion of the judge. (Ben Lindsey is a judge.)

Good or bad, there is, as he himself says, nothing new about these proposals. They would hardly create a ripple of excitement even in Greenwich Village if they were not bolstered by a great deal more vague and speculative discussion of the naturalness of what Puritans call promiscuity, of the disadvantages of what the Ku Klux Klan terms chastity, and of the desirability of what Bible-quoters designate as adultery.

Now as formerly the Judge draws a lurid picture of the sexual life of Denver and then spreads it over the whole country. Scores of persons no less intelligent and earnest than he, and much better situated to know what is happening among the more or less normal part of the population as distinct from the small stratum of defectives and delinquents who form his principal contacts, impeach the accuracy of his account. He answers that he alone in the United States is in a position to know. He ignores such impersonal studies as those of Katharine Bement Davis which show that nine out of ten educated women consider themselves happy in marriage. It isn't so. That's his story, and he's going to stick to it. I have no way of verifying his statements about Denver, but I can verify the statements he makes with equal assurance about the campaign against venereal diseases in the army. These statements require to be discounted about 75 per cent.

That convention is not necessarily the best guide in social problems

is universally agreed. What is to be substituted? The scientific spirit is anathema to the Judge. Justification by faith is in his line. It was good enough for Paul and Silas, and it's good enough for him. Next to the American Birth Control League, he puts his faith in what he considers to be human nature. Let people do as they please, and the hand of the Lord (aided by His Honor on the bench of the Juvenile Court) will guide them aright. Every transient impulse of the most inexperienced and overstimulated youth is sacred from social interference. He will not have the erotic disposition balked. He has little to say of the disposition for parenthood, although the balking of this is often more disastrous, especially to women, than the mere deprivation of coitus on which he expatiates at such length, and although the companionate would inevitably lead to childlessness in many cases.

One finds in the book many good, second-hand ideas, but the Judge's emotions prevent him from giving any of them with the exception of sex education a proper emphasis, and even his sex education is largely an erotic initiation in the Temple of Venus which he would erect in the place where the old church building used to stand. He has little time for the really practical measures that might be put into effect here and now—a banns law; education for family life (as distinct from mere autoerotic gratification on the infantile level); clinics for family problems; suppression of the poisonous influences of overstimulation that are now producing the pathological conditions which loom so large before his eyes.

Throughout, the Judge is very much on the defensive, especially in regard to trial marriage. ("The companionate, as described in this book, is genuinely, if not technically, a different thing from trial marriage.") He is developing quite a martyr complex. But regardless of the subject that may be claiming his attention, he explodes whenever he thinks of the freedom of the will being desecrated by forms and ceremonies, particularly the superstitions that accompany so-called marriage. ("The devil never invented anything worse than this piece of 'sacramental' poppycock that has been 'sanctified' by the Christian church.") Civilization is not possible if sexual impulses are to be subjected to metes and bounds. He does not state whether he thinks that larcenous, incendiary, and homicidal impulses are likewise sacred and not a proper concern for custom or legislation.

In short, the book is effective publicity for a man seeking elective

office; and it is stimulating and entertaining reading when not tedious. The Judge announces frequently that he expects his readers to be shocked by his pornographic anecdotes, not realizing that the psychoanalysts have set such a high standard in this line that the transactions of a Juvenile Court cannot possibly be anything but dull in comparison. But one who expects to find any sane, balanced, or constructive program for dealing with what every serious person recognizes to be one of the greatest problems of the day, will be disappointed. The Judge has merely proved again that such a problem can be dealt with profitably only by the objective methods of the scientist, not by the subjective methods of the jury lawyer.

PAUL POPENOE.

PARENTHOOD AND THE CHARACTER TRAINING OF CHILDREN. By Thomas Walton Galloway. New York, The Methodist Book Concern, 1927. \$1.00.

The author, as a member of the staff of the American Social Hygiene Association, has rendered an important service in the preparation of this volume. He has undertaken "to help anxious parents to see their duty clearly and to perform it without embarrassment and with intelligence." This is a difficult and delicate task which has been carried through with a fine appreciation of the emotional states which to many minds stand in the way of clear and objective thinking concerning the intimate relations of family life. Dr. Galloway has shown that it is entirely possible to present the results of scientific research in nontechnical language and at the same time pervade the whole process with idealistic sentiment.

The book is designed as a study course for parents' groups, drawn primarily, though of course not exclusively, from church constituencies. These are the very people who might be supposed to respond most readily and enthusiastically to the social hygiene movement. As a matter of fact, it may be pointed out that these are often the most difficult to enlist in its moral support. Doubtless there are reasons for this in the historic teaching of the church, which has emphasized the conflict between "flesh" and "spirit," with the implication that the processes connected with physical life are all more or less unworthy and debasing to the spirit. The church has sought to safeguard the family by a policy of silence, through fear that a study of the reproductive functions would convey dangerous

suggestion and lead to their perversion. It is necessary therefore to overcome these deeply ingrained inhibitions before much progress can be made toward constructive attitudes.

Dr. Galloway has approached this problem with rare skill. He introduces the subject by calling attention to the easily observed resemblances of children to parents—or lack of resemblance, as the case may be. Thus interest is immediately aroused in the problem of heredity, with its implication of parental responsibility and its appeal for sympathy with children's shortcomings and weaknesses. He then stresses the need for intelligence and skill in discharging the obligations of parenthood, tracing in outline the processes of growth in character and pointing out the importance of providing wholesome surroundings. In chapter seven he explains the significance of sex as influencing character development and shows that the word has really a much larger and richer and more beautiful connotation than is ordinarily supposed. He holds up the ideal family as the primary group in which may be learned the attitudes and habits essential to a Christian democracy and reveals its fundamental importance to society. If it is thus to serve its high purposes, it is necessary that young people be prepared for the business of parenthood by adequate instruction; the method of experiment, whereby the mistakes of the past are continually repeated, is far too costly. With such a rational program of education the family may become a school for social living, in which morals and religion, together with the experiences which naturally grow out of the fact of sex, alike make their appropriate and reciprocal contributions.

It should be added that the course is planned in accordance with sound principles of pedagogy. Each section is introduced with brief descriptions of actual life situations which suggest the theme to be discussed. Practical problems are formulated and analyzed, information is supplied for intelligent study, references are added for further reading, and topics suggested for group discussion. The course is admirable, much needed, and should be widely used.

B. S. WINCHESTER.

HOW I CAME TO BE. By A. T. Lamson. New York, The Macmillan Company, 1926. 179 p. \$1.75.

This book represents another effort to put into simple form the facts back of birth, for the use of parents who wish to answer the questions of children as to how they have come into being.

As to matter, the book is an account of ovulation, fertilization, prenatal development, and birth—coupled with all sorts of prophecies and anticipations of the life ahead; discussions of cytology, of scientific discoveries, of eugenics; and exhortations to mothers and to the public about various things. Certainly for the purpose stated in the preface of meeting the questions about origins on the part of young children no adequate restraint has been put upon either the vocabulary, the complexity of sentence form, or the intricacy and scope of the ideas included.

This is not to say that there is not a great deal of valuable material in the book. There is; but there is also much that is worse than unnecessary for the purpose expressed.

The reviewer feels that the method used is unfortunate. The whole story is put into “autobiographical” form, the ovum and developing embryo giving its mixture of experiences, expositions, theories, homilies, and anticipations in the first person.

The device, at first thought, offers both a way in which to simplify the story to its essentials and an inducement to do so—this, for the sake of the young child and for the mother or teacher who really needs help in the simplification of the story. At best, however, it would have value only to very young children and to highly fanciful ones who refuse to mature. Most of the actual material put into the mouth of this precocious embryo would be both in itself and in its form good stiff reading for junior high school students who have had some biology. Because of this the method does not suit the matter, and comes to seem fantastic, rather than a clever device for winning a certain possible emotional readiness on the part of mother and child, as might have been true with more skill and restraint.

Mothers who undertake to use this supposedly simple infantile story would seem to have almost as much simplification and elimination to make as if they were following more scientific texts.

To those mothers who are prepared to select and translate, the volume has a value as a source book.

T. W. G.

THE RACIAL BASIS OF CIVILIZATION. A critique of the Nordic doctrine.

By Frank H. Hankins, Professor of Sociology, Smith College.

New York and London, Alfred A. Knopf, 1926. x+384 p. \$3.75.

The health, well-being, and progress of a people—the people of the

United States of America, for example—are so precious that anyone who becomes really concerned about these things is apt to go to great length. There is immigration: Are not the new immigrants likely to swamp the descendants of the Mayflower or the Sons and Daughters of the only just and righteous Revolution? There is the race problem: Are not the Negroes multiplying at a relatively higher rate than the whites? There are intermarriages: Are not the offspring of a mixed ancestry lowering the quality of our population to a dangerous level? There is the political integrity of the nation: Is not the decline of Nordic domination going to result in impotence against foreign foes, and chaos and anarchy within? These and similar questions trouble the inflamed imagination of those solicitous souls that Professor Hankins exposes to our inspection in this book.

While conceding the importance of maintaining the health and effectiveness and progressive development of a people, the author insists that the solution of these problems is not to be found in the doctrines of race purity and race superiority that have been for a generation or more clamorously and arrogantly proclaimed by the apostles of world domination on the basis of blondness, eye color, and cephalic index. There are racial variations, and these variations include factors important in the development of culture. But no race has a monopoly of either the desirable or the undesirable traits. Moreover, every significant step in the advancement of culture is due to the contributions of genius; and genius is not a racial trait, but emerges precisely where racial crossings bring together in an individual the many inherited factors that normally remain scattered among relatively pure stocks. There is no identity between nations and races, and nowhere to-day do we find a pure race. The Nordics, whoever they may have been historically, are now so generally crossed with other stocks that there is no warrant in the studies of anthropologists for attributing to any national group the virtues which the protagonists of the Nordic myth claim for themselves, their ancestors, and their descendants to the *n*th generation.

The first part of the book gives an excellent survey of the extravagances, inconsistencies, fallacies, and mutual contradictions of the several modern attempts to identify and exploit God's Chosen People, from the Aryan myth and the cult of Count Gobineau to the Anglo-Saxonism and Nordicism of more recent times. The substance of this painstaking and well documented comparative study may be summed up in the assertion that there is nothing in it except wishful thinking

on the part of the self-selected leaders of human destinies, who erroneously attribute the selection to Providence.

The second part of the book is devoted to an examination of the "concept and social rôle of race." The questions of pure races, what constitutes a race, race and nation, equality of races, race mixtures, race and culture, are discussed as objectively as can be expected from a person who obviously has deep convictions—but objectively enough to supply points for argumentation to doctrinaires on either side of any question. Those who have a special social or political dogma to promulgate seize upon every fragment of "science" that can be made to serve their special pleading. All propagandists can find in biology and especially in genetics a wealth of materials to support their position. This book is particularly valuable in refuting a great deal of nonsense which attempts to exploit scientific teachings in the interest of a partisan doctrine. The historical material, as well as the many references to authoritative studies in population, anthropology, and sociology, should make this a useful reference book for students as well as an informative source book for the lay reader.

BENJAMIN C. GRUENBERG

PERSONAL REMINISCENCES OF THE ANTI-SLAVERY AND OTHER REFORMS AND REFORMERS. By Aaron M. Powell. Published by Anna Rice Powell, Plainfield, N. J., 1899.

A review of this book, published in the November JOURNAL, was by unfortunate accident left unsigned. The omission is the more to be regretted because the review was written by one who spoke out of old personal memory and admiration, having known Aaron Powell and worked with him—Mrs. Anna Garlin Spencer.

BRIEFER COMMENT

HEALTH BEHAVIOR. By Thomas D. Wood and Marion Oliver Lerrigo. Bloomington, Ill., Public School Publishing Co., 1927. 150 p.

A manual designed for the use of teachers, supervisors, and all others who are planning or administering programs of health education. The volume should also be of interest and help to parents who desire to coöperate intelligently with teachers for the more effective education of their children. Health habits, attitudes, and knowledge conducive to physical health and to health of personality, home, community, and race are graded to show when habits should be acquired by children and by adults.

HEALTH TRENDS IN SECONDARY EDUCATION. New York, American Child Health Association, 1927. 153 p.

In response to a demand for the best procedure for teaching health in high schools the American Child Health Association made a study of what was being done in this field and sent an outline to a large number of high schools with an appeal to study their own health programs. The object was to obtain material for a printed report on the health problems of secondary schools. From the information gathered from these reports and from visits to seventeen schools with leading programs, the material for this report was secured. This volume not only gives a resumé of what has been done but outlines plans for a broader health program for secondary schools.

LIVING MACHINERY. By A. V. Hill. New York, Harcourt, Brace and Company, 1927. 306 p.

The Lowell Lectures delivered in 1927 by the Foulerton Research Professor of the Royal Society of London. The eight lectures were an expansion of the Christmas Lectures to Children delivered at the Royal Institution in London a short time before. In his lectures the author planned "to talk on something very ordinary, our muscles and nerves, how we feel, what is going on inside and around us and how we move ourselves about." A very readable book with many splendid illustrations and a good index.

MINUTES OF PROCEEDINGS OF THE EIGHTH ANNUAL GENERAL MEETING OF THE SOCIETY FOR THE PREVENTION OF VENEREAL DISEASE 1927.. London, Society for the Prevention of Venereal Disease, 1927. 32 p.

A report of the year's progress and of the vigorous work done by the society in an effort to amend the Venereal Disease Act of 1917 so as to permit properly qualified chemists to sell disinfectants with instructions for use when approved by competent authority.

SOCIAL ASPECTS OF THE BUSINESS CYCLE. By Dorothy Swaine Thomas.. New York, Knopf, 1927. 217 p.

A study of the influence exercised on social phenomena by business fluctuations. The relations between the business cycle and marriage, prostitution, and divorce; illegitimacy and infant mortality; alcoholism and crime; pauperism and emigration are dealt with. The statistical method is employed.

THE SOCIAL THEORIES OF L. T. HOBHOUSE. By Hugh Carter. Chapel Hill, N. C., 1927. 137 p.

A resumé and critical appraisal of Hobhouse's writings on social theories. The main divisions of the discussions are prehuman adaptation in the evolutionary process; social evolution including law and justice, position of women and marriage, class and caste; social theory and present world problems and sociology as a science.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

AMERICAN MEDICINE AND THE PEOPLE'S HEALTH. By Harry H. Moore. New York, D. Appleton & Company, 1927. 647 p.

ARCHIVES DE HYGIENE, Anno I, Num. II. Publications of the National Department of Public Health, Rio de Janeiro, Brazil, 1927. 469 p.

BEING WELL BORN. By Michael F. Guyer. New York, Bobbs-Merrill Company, 1927. 490 p.

THE HEART OF A CHILD. By Virginia Terhune Van de Water. Boston, W. A. Wilde Company, 1927. 225 p.

HEREDITY AND HUMAN AFFAIRS. By Edward M. East. New York, Charles Scribner's Sons, 1927. 323 p.

LIVING MACHINERY. By A. V. Hill. New York, Harcourt, Brace & Co., 1927. 306 p.

OUR GIRLS AND OUR TIMES. By Caroline Benedict Burrell. Boston, W. A. Wilde Company, 1927. 159 p.

PARENTHOOD AND THE CHARACTER TRAINING OF CHILDREN. By Thomas W. Galloway, M.D. New York, The Methodist Book Concern, 1927. 224 p.

PRINCIPLES OF SANITATION. By C. H. Kibbey. Philadelphia, F. A. Davis Co., 1927. 354 p.

PUBLIC HEALTH PROGRESS AND RACE PROGRESS. ARE THEY INCOMPATIBLE? By H. S. Jennings. Reprinted from the Transactions of the Twenty-third Annual Meeting of the National Tuberculosis Association, 1927. New York, National Tuberculosis Association, 1927. 15 p.

RELATORIO DA SUB-SECRETARIA DE SAUDE E ASSISTENCIA PUBLICA. Anno de 1926. By Antonio Luis de Barros Barreto, Secretario de Saúde e Assistencia Publica. Bahia, Brazil, Imprensa Official do Estado, 1927. 201 p.

ROCKEFELLER FOUNDATION ANNUAL REPORT. New York, The Rockefeller Foundation, 1927. 466 p.

A SELECTED LIST OF BOOKS FOR PARENTS AND TEACHERS. SUPPLEMENT 1927. Compiled by the Bibliography Committee of the Child Study Association of America. New York, Association, 1927. 26 p.

- SYPHILIS OF THE CIRCULATORY SYSTEM. By Thomas Parran, Jr. Issued by the United States Public Health Service. Washington, U. S. Government Printing Office, 1927. 102 p.
- WHAT EVERY GIRL SHOULD KNOW. By Margaret H. Sanger. Girard, Kansas, Haldeman-Julius Co., 1926. 64 p.
- WHOLESOME MARRIAGE. By Ernest R. Groves and Gladys Hoagland Groves. New York, Houghton Mifflin Company, 1927. 239 p.

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- GUTMAN, JACOB, M.D. The treatment of gonorrheal arthritis. *Long Island medical journal*, 21:568-73, October 1927.
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